

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0029680 |                              |            |
| <b>Date Assigned:</b> | 11/01/2013   | <b>Date of Injury:</b>       | 07/19/2007 |
| <b>Decision Date:</b> | 02/12/2014   | <b>UR Denial Date:</b>       | 09/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old female with a date of injury on July 19th, 2007. The covered body regions include the cervical and lumbar spine. The diagnoses include myofascial pain syndrome, chronic pain syndrome, complex regional pain syndrome (CRPS) of the right upper extremity, and history of right shoulder arthroscopy. There is documentation that the patient has ongoing muscle spasm, with tenderness to palpation in the cervical paravertebral muscles and trapezii. Prior treatment consists of physical therapy, medication management, psychotherapy, and home exercises. The disputed issues are the trigger point injections. The utilization review team had requested additional information concerning how many prior trigger points were performed and the outcome of prior trigger point injections. This documentation was not received and therefore a conditional non-certification of the trigger point injection was issued.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Trapezius trigger point injection between 8/8/2013 and 11/5/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 122-123.

**Decision rationale:** Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Although there is documentation of tenderness to palpation of the paravertebral muscles and trapezii, there is no documentation of palpatory twitch response and referred pain, which is a criteria for trigger point injection according to the MTUS guidelines. This was ascertained after reviewing hundreds of pages of medical notes. Given this, the request for trigger point injections is recommended for non-certification.