MAXIMUS Federal Services

| Case Number: | CM13-0065744 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 06/02/2009 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 11/18/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

## 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, 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:

This 60 year-old male sustained an injury on 6/2/09. Requests under consideration include ULTRASOUND GUIDED MYOFASCIAL TRIGGER POINT INJECTIONS TIMES SIX TIMES TWO PER RFA 11-12-13 QUANTITY 12.00. The patient has history of cervical fusion C5-7 in 1993 and is status post C3-5 cervical fusion on 4/10/13. He is treating for his neck, left shoulder, and low back pain. Report of 11/12/13 from PM&R (physical medicine & rehabilitation) provider noted patient with ongoing neck pain Final Determination Letter for IMR Case Number CM13-0065744 3 complaints with decreased range; has not noticed relief from PT, anti-inflammatory meds, and opiate medications; unable to return to any form of work affecting quality of life. Exam showed tender myofascial trigger point at cervical paraspinals, parascapula muscle and trapezius; deep palpation with radiating to upper extremities, neck and into scapula; decreased range of motion. Diagnoses include C-spine DDD (degenerative disc disease) and myofascial pain symptomatic. Treatment included the above ultrasound guided 6 TPIs (trigger point injections) in 1 session with 2 different sessions. The request above for TPIs was non-certified on 11/18/13 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND GUIDED MYOFASCIAL TRIGGER POINT INJECTIONS TIMES SIX TIMES TWO PER RFA 11-12-13 QUANTITY 12.00:** 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 SECTION TRIGGER POINT INJECTIONS Page(s): 122.

**Decision rationale:** This employee sustained an injury on 6/2/09. Requests under consideration include ULTRASOUND GUIDED MYOFASCIAL TRIGGER POINT INJECTIONS TIMES SIX TIMES TWO PER RFA 11-12-13 QUANTITY 12.00. The employee has history of cervical fusion C5-7 in 1993 and is status post C3-5 cervical fusion on 4/10/13. The employee is treating for his neck, left shoulder, and low back pain. Report of 11/12/13 from PM&R (physical medicine & rehabilitation) provider noted employee with ongoing neck pain complaints with decreased range; has not noticed relief from PT, anti-inflammatory meds, and opiate medications; unable to return to any form of work affecting quality of life. Exam showed tender myofascial trigger point at cervical paraspinals, parascapula muscle and trapezius; deep palpation with radiating to upper extremities, neck and into scapula; decreased range of motion. Diagnoses include C-spine DDD (degenerative disc disease) and myofascial pain symptomatic. Treatment included the above ultrasound guidede 6 TPIs (trigger point injections) in 1 session with 2 different sessions. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response. The employee also exhibited radicular symptoms with pain radiating into upper extremities. In addition, according to the MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regard to this employee, specific functional inability has not been documented. Criteria for trigger point injections clearly limits to 3-4 injections per session without repeating injections unless there is demonstrated functional benefit; however, the provider has plan for at least 6 TPIs in 1 session with 2 different sessions. MTUS and ODG are silent on use of ultrasound guided TPIs; however, other medical evidence has noted this to be investigational without clear evidence-based studies to show efficacy. Medical necessity for trigger point injections has not been established and does not meet guidelines criteria. The ULTRASOUND GUIDED MYOFASCIAL TRIGGER POINT INJECTIONS TIMES SIX TIMES TWO PER RFA 11-12-13 QUANTITY 12.00 is not medically necessary and appropriate.