

<b>Case Number:</b>	CM14-0007763		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	04/05/2005
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 is a patient with a date of injury of April 5, 2005. A utilization review determination dated December 19, 2013 recommends non-certification of 3 trigger point injections in the right and left trapezius. A progress report dated October 21, 2013 identifies the patient complaining about concern with regards to a syrinx in the cervical and thoracic cord. The patient complains of paresthesia radiating from the wrists to her fingers. Physical examination revealed pain with cervical spine range of motion testing, radiating paresthesia present in the left and right provoked by cervical rotation with shoulder abduction, and normal upper extremity neurologic examination. Future medical treatment recommends continuing medications. An electrodiagnostic study dated November 18, 2013 identifies mild motor and severe sensory demyelinating median mono neuropathy in the right wrist, mild motor and moderate sensory demyelinating median mono neuropathy in the left wrist, normal ulnar and radial nerve conduction studies, and normal electromyography studies. A report dated December 2, 2013 identifies subjective complaints of severe neck pain. Paresthesias continue to radiate from her neck to her arms, wrists, and fingers. Headaches occur about 15 days per month. Physical examination reveals pain with range of motion testing in the cervical spine. Tenderness to palpation with taut bands were found at the myofascial trigger points with twitch responses in the levator scapulae, trapezius, rhomboid muscles causing radiating pain to the posterior scapula and neck. Sensory and motor examination is normal with the exception of decreased sensation in the median nerve distribution bilaterally. The note requests trigger point injections to the right and left trapezius, series of 3, to help reduce pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 3 TRIGGER POINT INJECTIONS INTO RIGHT TRAPEZIUS IN SERIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injections, the Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. The Official Disability Guidelines (ODG) states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there is no specific documentation of failed conservative treatment directed towards the trigger point in question. Additionally, the requesting physician asks for a series of 3 trigger point injections. The guidelines do not support the use of a series of injections. Instead, they recommend providing documentation regarding pain relief and functional improvement for 6 weeks, prior to considering repeat trigger point injections. Unfortunately, there is no provision to modify the current request. As such, the currently requested series of 3 trigger point injections into the right trapezius is not medically necessary.

**PROSPECTIVE REQUEST FOR 3 TRIGGER POINT INJECTIONS INTO LEFT TRAPEZIUS IN SERIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injections, the Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. The Official Disability Guidelines (ODG) states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there is no specific documentation of failed conservative treatment directed towards the trigger point in question. Additionally, the requesting physician asks for a series of 3 trigger point injections. The guidelines do not support the use of a series of injections. Instead, they recommend providing documentation regarding pain relief and functional improvement for 6 weeks, prior to considering repeat trigger point

injections. Unfortunately, there is no provision to modify the current request. As such, the currently requested series of 3 trigger point injections into the left trapezius is not medically necessary.