

<b>Case Number:</b>	CM14-0017812		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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:

The claimant is presented with a date of injury of 06/09/2010 secondary to an unknown mechanism of injury. The claimant was evaluated on 01/14/2014 and reported worsening neck pain of unknown severity as of the last clinical note provided. No physical exam findings were documented at that time. Diagnoses included degenerative disc, sprain/strain of the neck, radiculitis, and cervical and lumbar stenosis. The injured worker was recommended for trigger point injection at that time. The injured worker had previous trigger point injections on 07/03/2013 and 10/18/2013 with unknown efficacy according to the documentation provided. The patient also had a previous anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 levels on 09/12/2011. The documentation submitted for review failed to provide a request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT TRIGGER POINT INJECTION, UNDOCUMENTED BODY PART AND NUMBER OF INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CRITERIA FOR THE USE OF TRIGGER POINT INJECTIONS, BLUE CROSS BLUE SHIELD, 2004.

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

**Decision rationale:** California MTUS Chronic Pain guidelines recommend trigger point injections with a local anesthetic for treatment of chronic low back pain or neck pain with myofascial pain syndrome when all specified criteria are met. These criteria include documentation of: a twitch response, symptoms persisting more than three months, absence of radiculopathy, and no more than 3-4 injections per session with a recommended frequency interval of 2 months or greater. In this case, the last evaluation submitted for review, there was no documentation of a twitch response, myofascial pain syndrome symptomology, or absence of radiculopathy. Diagnoses at that time were noted to include radiculitis. While the injured worker was noted to have experienced a twitch response with myofascial pain syndrome in the past, there is no recent documentation to support that this problem is ongoing or has lasted for more than three months. Additionally, guidelines do not support repeat injections unless greater than 50% of pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The documentation submitted for review fails to provide evidence of pain relief or functional improvement after previous trigger point injections. Furthermore, the request as written does not specify the site of injection for treatment or number of injections requested. The request for outpatient trigger point injection, undocumented body part and number of injections is not medically necessary and appropriate.