

<b>Case Number:</b>	CM14-0151486		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 43 year old male with date of injury 11/2/2012. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain with radiation of pain to the bilateral upper extremities since the date of injury. He has been treated with physical therapy, bilateral cervical facet injections, trigger pint injections and medications. There are no radiographic reports included for review. EMG/NCV of the bilateral upper extremities performed in 04/2014 revealed mild bilateral median neuropathy consistent with bilateral carpal tunnel syndrome. Objective: decreased and painful range of motion of the cervical spine, palpable and tender trigger points in the right cervical paraspinous and trapezius musculature. Diagnoses: cervicalgia, myofascial pain syndrome. Treatment plan and request: trigger point injections for cervical paraspinous and trapezius musculature; 12 sessions of Physical Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections for the cervical paraspinal and trapezius:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** This 43 year old male has complained of neck pain with radiation of pain to the bilateral upper extremities since date of injury 11/2/2012. He has been treated with physical therapy, bilateral cervical facet injections, trigger point injections and medications. The current request is for trigger point injections for the cervical, paraspinal and trapezius musculature. Per the MTUS guidelines cited above, 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. The available medical documentation fails to show that criteria number (6) above has been met above. That is, there is no documentation that greater than 50% pain relief was attained or evidence of functional improvement after the previously performed trigger point injections. On the basis of the MTUS guidelines and available medical documentation, trigger point injections are not indicated as medically necessary in this patient.

**Twelve sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** This 43 year old male has complained of neck pain with radiation of pain to the bilateral upper extremities since date of injury 11/2/2012. He has been treated with physical therapy, bilateral cervical facet injections, trigger point injections and medications. The current request is physical therapy, 12 sessions. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia and myofascial pain. The submitted medical documentation indicates that the patient has already received this amount of passive physical therapy. On the basis of the MTUS guidelines and available medical documentation, an additional 12 sessions of passive physical therapy is not indicated as medically necessary.