

<b>Case Number:</b>	CM14-0159524		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Medicine and is licensed to practice in Colorado. 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 59 year old male with a date of injury of 11/16/2012 when he was the restrained driver in a work truck that was rear-ended. The patient had sudden onset of neck and left arm pain and initiated treatment the same day with rest, anti-inflammatory pain medications, muscle relaxers, and physical therapy x 6 sessions. The patient's symptoms continued, so he had a Pain Management consult, an MRI on 12/21/2012, and EMG on 3/1/2013. C-spine MRI showed Degenerative spine issues at C3-C4 and C6-C7, disc protrusion abutting spinal cord at C6-C7, and osteophytes encroaching on thecal sac and spinal cords at C3-C4. EMG confirmed Left C5 radiculopathy and bilateral mild carpal tunnel syndrome. Pain Management physician then performed medial branch block at C6-C7 which patient initially indicated did not help with his symptoms. The patient did achieve "40% improvement" with conservative care including medication. Ultimately, patient did note that the medial branch blocks resolved his left arm pain, but did not improve his neck or left shoulder pain. The patient was evaluated by an Orthopedic Spine Surgeon and offered a surgical option on 7/16/2013. Per the records, the patient does not wish to undergo surgery at this time. The patient was deemed permanent and stationary as of May 23, 2014. Continued follow up, medications, and therapies were recommended indefinitely, including physical therapy, acupuncture, pain management consultation, and orthopedic spine surgery consultation. The patient then returned to Pain management 8/1/2014 and the treating physician diagnosed patient with myofascial pain syndrome in addition to his previously diagnosed cervical radiculopathy, and provided 6 trigger point injections to bilateral trapezius, bilateral scapulae, and bilateral rhomboids. The pain management physician then requested approval for 2 additional cervical trigger point injections 8/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat trigger point injections, cervical spine qty: 2: 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 Pain Interventions and Treatments Page(s): 122.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, trigger point injections are only recommended for myofascial pain syndrome, when criteria are met, related to neck and /or back pain. Injections are not recommended for radicular pain. The MTUS Chronic Pain Guidelines specify criteria required for trigger point injections. All of the following criteria must be 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) otherthan local anesthetic with or without steroid are not recommended." Per the records supplied for review, trigger point palpation with twitch response and referred pain, were not documented. The patient has radiculopathy. No documentation was supplied indicating any pain relief or functional improvement. As all of the above criteria were not met, the request is not medically necessary and appropriate.