

<b>Case Number:</b>	CM14-0162577		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/27/1992
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Occupational Medicine, 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:

According to the records made available for review, this is a 71-year-old female with a 3/27/92 date of injury. At the time (7/10/14) of request for authorization for 4-5 trigger point injections, there is documentation of subjective (neck and back pain) and objective (decreased cervical range of motion with pain, tenderness over the cervical, thoracic, and lumbar paravertebral muscle with spasm and hypertonicity, and positive lumbar facet loading) findings, current diagnoses (low back pain and cervicalgia), and treatment to date (medications and chiropractic therapy). There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4-5 trigger point injections:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon

palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of low back pain and cervicalgia. In addition, there is documentation that symptoms have persisted for more than three months; medical management therapies have failed to control pain; and radiculopathy is not present. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, the requested 4-5 trigger point injections exceed guidelines (no more than 3-4 injections per session). Therefore, based on guidelines and a review of the evidence, the request for 4-5 trigger point injections is not medically necessary.