

<b>Case Number:</b>	CM14-0181356		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 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 60-year-old male patient who reported an industrial injury to the neck and upper back on 9/29/2009, over five (5) years ago, which attributed to the performance of his usual and customary job tasks. The mechanism of injury occurred when striking his head against a metal pipe while driving a forklift. The patient was being treated for the diagnoses of spondylosis; unspecified arthropathy; cervicgia; brachial neuritis or radiculitis; and other syndromes affecting cervical region. The patient complained of neck pain radiating to the right occipital region and to the right temporal and frontal region. The patient was reported to have difficulty sleeping secondary to neck pain. The MRI of the cervical spine dated 12/3/2011, documented evidence of minimal multilevel osteophytic spurring at posterior disc margin; no thecal sac compression, cord compression or foraminal narrowing. The objective findings on examination included spasms in the cervical paraspinal muscles with stiffness in the cervical spine; tenderness to palpation occipital region and the cervical facet joint; diminished range of motion to the cervical spine; dysesthesia noted to light touch in the right C5 dermatome; strength is 5/5 and bilateral upper extremities; reflexes are 2+ bilaterally. The patient was diagnosed with cervical degenerative disc disease; neck pain; cervical facet pain; right occipital neuralgia; and cervicogenic headache. The treatment plan included 6-8 trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6-8 Trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 185, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Trigger Point Injections

**Decision rationale:** The objective findings documented did not meet the criteria recommended by the California MTUS and the ACOEM Guidelines for the use of TPIs for chronic neck and upper back pain. There is no demonstrated medical necessity for trigger point injections to the objective findings that included spasm and TTP documented on examination. The medical records submitted for review fail to document any red flags or significant functional objective deficits that would preclude the patient from being able to participate in an independent home exercise program. The patient should be placed on active participation in an independently applied home exercise program consisting of stretching, strengthening, and range of motion exercises. The use of trigger point injections are recommended for the treatment of chronic neck/upper back pain in certain conditions when trigger points are identified with a myofascial pain syndrome as a secondary or tertiary treatment in conjunction with an active defined program for rehabilitation when the patient is demonstrated not to be improving with conservative treatment. The California MTUS and the Official Disability Guidelines state, "Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band." The California MTUS and the Official Disability Guidelines recommend the use of trigger point injections for "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 with reduced medication use 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; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment." The California MTUS and the Official Disability Guidelines do not recommend the use of trigger point injections in the absence of myofascial pain syndromes, without documentation of circumscribed trigger points, or without an ongoing active rehabilitation program. There is no provided documentation consistent with myofascial pain or documented trigger points with muscle

fasciculations in the clinical narrative. The patient's documented diagnoses do not include myofascial pain syndrome and there are no defined specific trigger points and other conservative treatment has not been attempted. There was no rationale supported by objective evidence by the requesting physician to support the medical necessity of the requested trigger point injections. There was no demonstrated medical necessity for the requested 6-8 trigger point injections. Therefore, this request is not medically necessary.