

<b>Case Number:</b>	CM14-0184913		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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:

The patient is a 50 year old man who was injured at work on 8/25/2011. The injury was primarily to his neck and back. He is requesting review for denial for a Bilateral Trigger Point Injection at the Level of T8. Medical records corroborate ongoing care for his injuries. These records include the Primary Treating Physician's Progress Notes. The records indicate that the patient's chronic diagnoses include the following: Disc Herniation; Myofascial Pain Syndrome; Spondylosis/Thoracic; and Spondylosis/Cervical. At an October 2, 2014 office visit with his neurosurgeon, he complained of continued neck pain and intermittent upper extremity pain and weakness. An evaluation was performed and the impression was that the patient should be offered the option of surgery with a posterior cervical laminoplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Trigger Point Injection at the Level of T8:** 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 Trigger Point Injections Page(s): 122.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of trigger point injections. These guidelines state that trigger point injections are "recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Trigger point injections are "not recommended for radicular pain." Criteria for the use of Trigger point injections: 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. In this case the evidence from the medical records indicates that the pain experienced by the patient is secondary to a radiculopathy. Under these conditions, the MTUS guidelines do not support the use of a trigger point injection. Further, the patient does not meet the above stated criteria for the use of trigger point injections. Specifically, it is not documented that the patient has undergone a sufficient trial of medical management therapies. Further, the patient has a history of receiving trigger point injections and has not demonstrated greater than 50% pain relief over a six-week duration with evidence of functional improvement. In summary, the MTUS Guidelines do not support the use of trigger point injections at this time. Bilateral Trigger Point Injections at the Level of T8 is not considered as medically necessary.