

<b>Case Number:</b>	CM14-0185045		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 48 year old patient with date of injury of 09/19/2007. Medical records indicate the patient is undergoing treatment for neck disorder, lumbar post laminectomy syndrome, hyperreflexia, myofascial pain syndrome, myalgia and myositis. Subjective complaints include pain rated 6-9/10 and depression. Objective findings include discrete tender trigger points over thoracolumbar area with muscle twitch points; motor exam reveals bilateral L5-S1 weakness; decreased sensation in the lower extremities, left greater than right; straight leg raise is negative. Treatment has consisted of deep tissue myofascial therapy, trigger point injections, Colace, Cymbalta, Relafen, Percocet, Baclofen, Prilosec, Flexeril, Nortriptyline, Ibuprofen and Norco. The utilization review determination was rendered on 10/08/2014 recommending non-certification of Trigger point injections right and left upper trapezius, upper thoracic, lumbar and buttocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections right and left upper trapezius, upper thoracic, lumbar and buttocks:** 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:** MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "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 . . . For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (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 medical documentation provided shows that the patient has received the requested trigger point injections on at least five occasions since April 7, 2014. The treating physician has documented that this patient's subjective pain has remained relatively unchanged despite these repeated injections. This patient has also receive trigger point injections have exceeded the interval recommendation of greater than two months. As such, the request for Trigger point injections right and left upper trapezius, upper thoracic, lumbar and buttocks is not medically necessary.