

<b>Case Number:</b>	CM14-0025422		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 60 year old female who reported an injury on 07/03/2013 due to repetitive motion during work. The injured worker complained of neck pain, right upper back pain, numbness and tingling. On 01/29/2014 the physical examination showed no edema, tenderness to palpation at the right paracervical, scapular muscles with trigger points, upon passive range of motion she had pain at end of range of all movements. On 08/12/2013 the injured worker had an x-ray of the cervical spine that revealed disk space narrowing at lower cervical levels, and diffuse facet uncinated joint hypertrophy. The injured worker has a current diagnosis of repetitive strain to the upper right extremity and right upper limb pain. The injured worker completed 10 sessions of physical therapy. The injured worker was on the following medications celexa 20mg, ibuprofen 400mg, and nortripyline 10mg. The current treatment plan is for trial trigger point injections series quantity 3.00. There was no rationale submitted for review. The request for authorization form was dated 01/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAL TRIGGER POINT INJECTIONS SERIES QTY: 3.00:** 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 Criteria for the use of trigger point injections Page(s): 122.

**Decision rationale:** The request for trial trigger point injection series quantity 3.00 is non-certified. The injured worker has a history of neck and right upper back pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that 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, Non-steroidal anti-inflammatory drug (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 documentation provided was limited to subjective complaints, and objective findings. There was lack of documentation of circumscribed trigger points, failure of controlled pain by NSAIDs and muscle relaxants, and detail of substance being used for injection. In addition on 08/29/2013 a request for authorization for medical treatment form was submitted with the diagnosis of cervical radiculopathy, and per guidelines radiculopathy may not be present. Given the above the request for trial trigger point injections series quantity 3.00 is not medically necessary and appropriate.