

<b>Case Number:</b>	CM14-0030754		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/13/2007
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Neurological Surgery 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 41 year-old female who was reportedly injured on 12/13/2007. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated 6/13/2014, indicates there were ongoing complaints of back pain to include low back, neck, and gluteal areas. The physical examination demonstrated cervical spine positive facet loading testing, gradual loss of extension and left rotation over time. Movement triggers worsening of headache. Neuro was with no motor weakness noted, balancing gait, and coronation intact. There are no diagnostic imaging studies provided for review. Previous treatment included facet injections, medications to include amitriptyline, an opioid, muscle relaxers and proton pump inhibitors (PPI's). A request was made for trigger point injections: single tendon sheath or ligament, aponeurosis (eg. plantar fascia) quantity of two; trigger point injections: single or multiple trigger point(s) 1 or 2 muscle(s); trigger point injections: single or multiple trigger point(s) three or more muscle(s) quantity of two; outpatient visit for the evaluation and management of an established patient quantity of two and was not certified in the pre-authorization process on 2/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections: single tendon sheath, or ligament, aponeurosis (eg. plantar fascia) qty2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Trigger point Injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. It is not recommended for radicular pain. Trigger point injections, with an anesthetic such as bupivacaine, are recommended for non-resolving trigger points. The following criteria for the appropriate use of trigger point injections includes the documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The 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 was not present (by exam, imaging, or neuro-testing). After review of the medical documentation provided, there were substantial objective clinical findings correlating the documentation of trigger points, a twitch response, or failure of conservative management therapies. The request for this procedure is deemed not medically necessary.

**trigger point injections: single or multiple trigger point(s) 1 or 2 muscle(s): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Trigger point Injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. It is not recommended for radicular pain. Trigger point injections, with an anesthetic such as bupivacaine, are recommended for non-resolving trigger points. The following criteria for the appropriate use of trigger point injections includes the documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The symptoms have persisted for more than three months. Medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory medications (NSAIDs) and muscle relaxants have failed to control pain. Radiculopathy was not present (by exam, imaging, or neuro-testing). After review of the medical documentation provided, there were no substantial objective clinical findings correlating the documentation of trigger points, a twitch response, or failure of conservative management therapies. The request for this procedure is deemed not medically necessary.

**Trigger point injections: single or multiple trigger point(s) 3 or more muscle(s) qty2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. It is not recommended for radicular pain. Trigger point injections, with an anesthetic such as bupivacaine, are recommended for non-resolving trigger points. The following criteria for the appropriate use of trigger point injections includes the documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The 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 was not present (by exam, imaging, or neuro-testing). After review of the medical documentation provided, there were not substantial objective clinical findings correlating the documentation of trigger points, a twitch response, or failure of conservative management therapies. The request for this procedure is deemed not medically necessary.

**Office or other outpatient visit for the evaluation and management of an established patient qty 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG Treatment: Integrated Treatment/Disability Duration Guidelines Pain (Chronic)- (updated 05/15/14).

**Decision rationale:** Recommendations for additional office visits are determined to be medically necessary in the treatment of patients. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. After review of the medical records provided, this request is deemed not medically necessary.

**Office or other outpatient visit for the evaluation and management of an established patient qty 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG Treatment: Integrated Treatment/Disability Duration Guidelines Pain (Chronic)- (updated 05/15/14).

**Decision rationale:** Recommendations for additional office visits are determined to be medically necessary in the treatment of patients. Evaluation and management (E&M) outpatient

visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. After review of the medical records provided, this request is deemed not medically necessary.