

<b>Case Number:</b>	CM14-0039883		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Preventative 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 patient is a 52 year old employee with date of injury of 11/1/2011. The medical records indicate the patient is undergoing treatment for cervical displaced intervertebral disc/HNP and cervical radiculopathy. The subjective complaints include neck pain, interscapular pain and radiating left arm numbness. She rates her neck pain as 7/10. The following a trigger point injection, the patient said she noted substantial reduction of her trapezius pain. However, neither the patient nor physician quantified this reduction of pain. The objective findings include C5-6 and C6-7 disk bulges with left C6 and C7 radicular pain-occupational. She also has probable plantar fasciitis-occupational. Upon exam, cervical flexion to 30 degrees caused neck pain. Extension to 50 degrees is pain free and her upper extremity neurological exam was normal. Treatment has consisted of TENS unit, acupuncture, Anaprox, Protonix, encouraged to continue a cardiovascular exercise program, Duexis, Tramadol, Flexeril and Trap Trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Trapezius and interscapular Trigger Points injections x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Injections.

**Decision rationale:** 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 MTUS 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. The treating physician has not provided specific trigger points and their duration, no documentation of trials and failures of first line therapies and no medical rationale as to why a patient with radiculopathy needs trigger point injections. Based on MTUS guidelines, the presence of radiculopathy is a contraindication for trigger point injections. As such, the request for Bilateral Trapezius and 3 interscapular trigger point injections is not medically necessary.