

<b>Case Number:</b>	CM14-0040723		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Occupational 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 19-year-old female who has submitted a claim for myofascial pain, cervicgia, and lumbago which is associated with an industrial injury date of 09/21/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain and low back pain, graded 7-8/10. Pain is sharp, and worse when standing and better when lying down. Physical examination showed positive cervical and lumbar trigger points. Ranges of motion of the cervical and lumbar spine were normal. Motor strength was normal. Sensation was intact. Treatment to date has included medications, acupuncture, chiropractic therapy, and physical therapy. A utilization review, dated 03/21/2014, deemed the request for trigger point injections medically not necessary because specific trigger points were not documented on physical examination, and there was no indication of the number of sites to be injected.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections to Cervical Spine and Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

**Decision rationale:** As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies have failed to control pain; radiculopathy is not present; and no more than 3-4 injections per session. In this case, the patient complains of chronic neck and low back pain since 2013 despite conservative treatment. Physical examination was positive for cervical and lumbar trigger points; however, guidelines require documentation of circumscribed trigger points with positive twitch response and referred pain. Moreover, the present request as submitted failed to specify the number of injections to be administered. The criteria have not been met. Therefore, the request for trigger point injections to cervical spine and lumbar spine is not medically necessary.