

<b>Case Number:</b>	CM14-0056902		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Family 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:

This 40-year old woman reported an injury to her neck and both upper extremities, apparently due to repetitive motion at work, with a date of injury of 3/22/07. She has a history of a previous work-related injury dated 4/18/96, for which she received bilateral knee replacements, bilateral shoulder surgeries, bilateral De Quervain's releases, and bilateral carpal tunnel releases. The available records do not contain any details of the current injury. The patient's medical history is notable for erosive seropositive rheumatoid arthritis. The most recent progress note prior to the current request for authorization is dated 3/19/14, and apparently signed by a pain management specialist. It is only partly legible. It documents tenderness of the bilateral paracervical muscles, trapezius muscles, TMJ's and mastoids. There is decreased neck range of motion. Diagnoses include chronic neck pain, cervical myofascial pain with TMJ tightness, and failed neck surgery syndrome. Plan includes request authorization for 20 trigger point injections, and for P-stim. It also states that Neurontin is being changed to an illegible medication due to daytime somnolence, and that the patient's Zanaflex dose is increased due to increasing headaches. There is a 2/18/14 note signed by a PA, which again is only partly legible. It may document tenderness of the paravertebral muscles (some of the note is obscured by printer artifact). It documents decreased neck range of motion and mandibular lymphadenopathy. Diagnoses include status post cervical spine fusion, and cervical spine radiculopathy. Plan includes discontinuing Mobic, prescribing Trazodone, continuing Elavil, changing the Zanaflex dosing, requesting trigger point injections, and referral to a dentist. The prior progress note dated 12/13/13 also documents a diagnosis of cervical radiculopathy. Requests for authorization for trigger point injections and for P-stim were submitted on 4/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections:** 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:** The guideline cited above states that trigger point injections with local anesthetic may be recommended for the treatment of chronic low back or neck pain 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) 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 documented clinical findings in this case do not support the performance of trigger point injections. This patient has documented radiculopathy, and does not have clear documentation of trigger points as described above. In addition, the number of injections requested (20) exceeds the number that should be performed prior to determining if the injections have produced significant pain relief and functional improvement. Based on the guidelines cited above and the clinical findings in this case, trigger point injections are not medically necessary because they are contraindicated in patients with radiculopathy, because there is no documentation that the patient actually has trigger points, and because the number of injections exceeds that recommended in the guidelines. Therefore the request is not medically necessary.

**P Stim Treatment:** 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), Pain section,  
Auricular electroacupuncture

**Decision rationale:** Auricular Electroacupuncture devices are marketed under the names P-stim and E-pulse. Both devices have received marketing clearances through the FDA abbreviated process for use in treating acute or chronic pain by a qualified practitioner of acupuncture. Per the guideline cited above, auricular electroacupuncture is not recommended. There is insufficient evidence to evaluate its effect on acute and chronic pain. There is only one published randomized controlled trial, in which use of the P-stim device was not associated with improved pain management. This patient has had neck and upper extremity pain for years, with multiple

failed previous treatments. In this case, having her use a device that has absolutely no evidence of being helpful for chronic pain is likely only to increase her frustration level, and would be medically contraindicated. According to the evidence-based reference cited above and the clinical findings in the case, P stim treatment is not medically necessary.