

<b>Case Number:</b>	CM14-0058446		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old male with an 8/23/12 date of injury. At the time (4/9/14) of the request for authorization for trigger point injections to the bilateral trapezius muscles (quantity unknown) and trigger point injections to the cervical paraspinal muscles (quantity unknown), there is documentation of subjective (pain in the bilateral upper extremities, started in the fingers and radiated up along bilateral upper extremities all the way up to the neck and mid back) and objective (decreased range of motion, tenderness, sensation decreased across all dermatomes bilaterally, decreased grip strength bilaterally, mild tenderness to palpation over the olecranon bilaterally) findings, current diagnoses (carpal tunnel syndrome, cubital tunnel syndrome, neck pain, shoulder pain, and forearm pain), and treatment to date (medication and therapy). There is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; and no more than 3-4 injections per session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections to the bilateral trapezius muscles(quantity unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Criteria for the use of Trigger point injections.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; 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 such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, cubital tunnel syndrome, neck pain, shoulder pain, and forearm pain. In addition, there is documentation that symptoms have persisted for more than three months and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and that radiculopathy is not present (by exam, imaging, or neuro-testing). However, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; and no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections to the bilateral trapezius muscles (quantity unknown) is not medically necessary.

**Trigger point injections to the cervical paraspinal muscles (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Criteria for the use of Trigger point injections.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; 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 such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, cubital tunnel syndrome, neck pain, shoulder pain, and forearm pain. In addition, there is documentation that symptoms have persisted for more than three months and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and that radiculopathy is not present (by exam, imaging, or neuro-testing). However, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; and no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections to the cervical paraspinal muscles (quantity unknown) is not medically necessary.

