

<b>Case Number:</b>	CM14-0075583		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/07/1999
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas & Ohio. 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 65-year-old male who reported injury on 05/07/1999, caused by an unspecified mechanism. The injured worker's prior treatment history included isometric and core strengthening exercises, and medications. The injured worker was evaluated on 06/04/2014, and it was documented that the injured worker had undergone trigger point injections in the past, which have helped however the documentation was not submitted for this review. The injured worker was evaluated on 07/21/2014, and it was documented the injured worker complained of neck pain and low back pain. He reports his left lower extremity has given out 2 times in the past month, and his walking has changed. He complained of neck and left scapular pain, which was constant, exacerbated by staying in one position for too long. He also reported left upper extremity numbness and tingling. He also complained of low back pressure radiating to his left buttock and anterior calf. He was taking Norco 1 to 2 tabs/day. He was doing his isometric exercises. The objective findings are gait was slow and unsteady. The cervical range of motion was 50% of normal, and his lumbar range of motion was 50% of normal. He had tenderness to palpation to TP at midline upper thoracic spine. He was non-tender to palpation at middle lumbar spine and paraspinal muscles. His sensation was intact to light touch and bilateral upper extremity, and left lower extremity. His strength was 5/5 in bilateral upper extremity and lower extremity. Biceps, triceps, brachioradialis and knee and ankle DTRs are 1+ and symmetric. No ankle clonus. Spurling's on the left produces axial pain only. Hoffman's was negative. Tinel's and Phalen's were negative. Diagnoses include cervical spondylosis with radiculopathy and/or myelopathy C6-7; postoperative spine surgery syndrome; S/P cervical PSF C5-6 in 1981 with solid arthrodesis; S/P ACDF and P C6-7, 11/15/2001, possibly with nonunion; LBP with left LE radiculitis; S/P L4-5 laminectomy; cervical stenosis C3-4, C6-7, C7-T1, and rule out recurrent disc herniation. The request for authorization dated

04/15/2014 was for trigger point injection to the left subscapular area however, the rationale was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trigger point injection to the left subscapular area:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections & Criteria for the use of Trigger point Injections Page(s): 122.

**Decision rationale:** The California (MTUS) Chronic Pain Medical Guidelines recommends trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. A Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of corticosteroid is not generally recommended and discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. The guidelines also indicate trigger point injections may be used 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 criteria are 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 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), not more than 3-4 injections per session, 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, frequency should not be at an interval less than two months, trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The documents failed to indicate if the injured worker has had any conservative care measures such as physical therapy. The provider indicated the injured worker stated he has had trigger injections in the past however, the long-term outcome measurements or functional improvement goals were not provided. Given the above, the request for Trigger Point Injection to the left subscapular is not medically necessary.