

<b>Case Number:</b>	CM14-0087176		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/26/1997
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Tennessee. 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 59-year-old female who has submitted a claim for chronic mechanical low back pain, cervical strain/myofascial pain in upper trapezius muscles, and left shoulder post rotator cuff repair associated with an industrial injury date of 8/26/1997. Medical records from 8/6/2004 up to 2/8/2014 were reviewed showing complains of shoulder pain, left elbow pain, low back pain, and neck pain with no radiations. Examination of left shoulder revealed mildly restricted internal rotation and abduction with tenderness of the biceps tendon. Cervical spine examination revealed tenderness over C5 and C6 with paraspinal spasms and trigger points in the trapezius muscles. Treatment to date has included Aricept, Lidoderm patch, transcutaneous electrical nerve stimulation (TENS) unit, Ultram, soft tissue massage, hot packs, and electric stimulation. Utilization review from 5/12/2014 denied the request for trigger point injections upper trapezius under ultrasound guidance. There is no documentation of the patient having undergone recent trial of conservative care, duration of trapezius trigger point is unknown, and ultrasound guidance is not medically necessary for performing trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections Upper Trapezius Under Ultrasound Guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections. 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 (TPIs) 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; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. In this case, the patient complains of shoulder pain and neck pain with no radiations. Examination of left shoulder revealed mildly restricted internal rotation and abduction with tenderness of the biceps tendon. Cervical spine examination revealed tenderness over C5 and C6 with paraspinal spasms and trigger points of the trapezius muscles. Patient has also utilized conservative treatment such as medications, patches, soft tissue massage, and TENS unit. However, the duration of the trigger points in the trapezius muscles is not known. In addition, it was not mentioned in the guidelines that trigger point injections should be done under ultrasound guidance. There is no discussion concerning need for variance from the guidelines. Therefore, the request for trigger point injections upper trapezius under ultrasound guidance is not medically necessary.