

<b>Case Number:</b>	CM14-0192051		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	01/08/2003
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54 year old female with a date of injury of 1/8/03. The listed diagnoses are chronic cervicgia, chronic cephalgia, left upper extremity radiculopathy, chronic lumbalgia, discogenic low back pain at L4-5, s/p lumbar fusion L4-5 and s/p hardware removal (12/19/13). According to progress report dated 10/7/14, the patient presents with an increase in neck and upper extremity pain. Examination revealed Weight 210lbs, height 5'3", BMI 37.20, BSA 2.06, BP 140/96 and pulse 83. A trigger point injection was performed on this date. The treating physician notes that "the most significant trigger point was located via palpation and prepped with alcohol swab prior to injection with the solution. There was negative aspiration and positive needle twitch upon entry of the needle." On 9/9/14, the patient complained of low back, right lower extremity, bilateral forearms pain, and headaches that radiates to the shoulders and upper thoracic spine. On examination, the patient was found to have "trigger points, or discrete, focal, hyperirritable spots along a taut band of skeletal muscle with caused referred pain with palpation." The patient was given refill of medications and a trigger point injection was administered. Request for Authorization (RFA) dated 11/05/14, requests "Retro authorization request. Services provided on 9/10/14 and 10/22/14." The utilization review denied the request on 11/14/14. Treatment reports from 2/25/14 through 11/4/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections L/S times 2: 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:** This patient presents with an increase in neck and upper extremity pain. The current request is for trigger point injections l/s times 2. The California MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. The treating physician has noted twitch response on palpation with taut band as required by MTUS for Trigger point injections. In this case, recommendation cannot be made as the patient has radiating symptoms with a diagnosis of upper extremity radiculopathy, and MTUS recommends TPIs when radiculopathy is not present. Furthermore, there is no documentation of greater than 50% relief from the initial injection to validate the second injection. The trigger point injections are not medically necessary.