

<b>Case Number:</b>	CM14-0049318		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 48 year old female, who sustained an industrial injury on 7/01/2009. The mechanism of injury was not noted. The diagnoses have included myalgia and myositis, unspecified. Treatment to date has included conservative measures. Trigger point injections (4) were noted to the right trapezius in the PR2 report, dated 12/10/2013. It was documented that he previous trigger point injections, greater than 6 weeks prior, provided over 50% relief of symptoms. Medications included Neurontin, Flexaril, and Voltaren XR. On 3/11/2014, the injured worker reported increased pain in the right lateral epicondyle, with spasm and numbness of the right upper extremity. Tenderness was noted to the right epicondyle, with decreased range of motion, and positive spasm. Trigger point injections were noted to the right lateral epicondyle. Successful needle placement into the right lateral epicondyle area and forearm wrist extensor muscles, with classic twitch response, as injections with 5cc of 1% Lidocaine was injected, were noted. On 3/19/2014, Utilization Review non-certified a request for trigger point injection (5cc 1% Lidocaine), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection 5 cc 1% Lidocaine:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Trigger point injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injection 5 mL 1% lidocaine is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicalgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPis are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses from a check the box format in a December 10, 2013 progress note are myofascial pain syndrome, chronic; repetitive strain injury right upper extremity chronic; cervical spine strain, chronic; and lateral right epicondylitis, chronic. The objective documentation states the injured worker has trigger points at the trapezius muscle groups. The documentation is nonspecific and does not indicate a circumscribed trigger point with evidence upon palpation of a twitch response. Additionally, the injured worker had prior trigger point injections, however, the anatomical region with a specific objective functional response is not present in the documentation. Consequently, absent clinical documentation with objective functional improvement with evidence of a circumscribed trigger point with a twitch response, trigger point injection 5mls 1% lidocaine is not medically necessary.