

<b>Case Number:</b>	CM15-0003517		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/22/1998
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: 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 45 year old female, who sustained an industrial injury on 5/22/1998. She has reported neck pain. The diagnoses have included degeneration of cervical disc and lumbago. Treatment to date has included trigger point injections reporting 2-4 week pain relief and medication. Currently, the IW complains of increased neck pain of the previous several weeks. December 5, 2014 physical examination documented limited Range of Motion (ROM) of neck in all direction with taut bands of muscles and tenderness throughout spinous processes cervical to lumbar. Diagnoses included left bicipital tendonitis, subdeltoid bursitis, and trapezius myofascial pain. Plan of care included continuing previously ordered medication and cervical and scapular trigger point injections. On 12/16/2014 Utilization Review non-certified trigger point injection related to cervical/scapular regions, noting the lack of documentation of trigger points identified in the cervical area. The ACOEM Guidelines were cited. On 1/7/2015, the injured worker submitted an application for IMR for review of trigger point injection related to cervical/scapular regions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 trigger point injections related to the cervical scapular: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Per California MTUS, trigger point injections 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: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case there is a lack of documentation of trigger points identified in the cervical area. Medical necessity for the requested item was not established. The requested item is not medically necessary.