

<b>Case Number:</b>	CM15-0102755		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	04/02/2003
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68-year-old female, with a reported date of injury of 04/03/2003. The diagnoses include cervicobrachial syndrome. Treatments to date have included oral medications and topical pain medication. The medical report dated 02/05/2015 indicates that the injured worker had left neck spasms, bilateral hand and arm pain, and spasms into the fingers. It was noted that the Norco helped the most. Her pain was rated 1-6 out of 10, and it would get worse with house cleaning, pushing, pulling, and reaching. The objective findings include cervical rotation bilaterally at 45 degrees with pain; intact grip bilaterally; abnormal sensation and guarding; and intact gait. The treating physician requested five (5) trigger point injections. The rationale for the request was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Trigger Point Injections, quantity 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

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

**Decision rationale:** The patient presents with left neck spasms, bilateral hand and arm pain, and spasms into the fingers. The current request is for retrospective Trigger Point Injections, quantity 5. The treating physician states, in a report dated 05/12/15; Retro injection given today patient was seen on an emergency basis today drop-in. She was trying to do some increased activities with some looking slightly overhead and with the somewhat sustained activity she developed increased pain walking and a sense that she could not turn her neck with pain mainly on the left lateral side and cervical occipital region where she had her thoracic outlet surgery. (111B) The MTUS guidelines state, 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, the treating physician has failed to document circumscribed trigger points with evidence upon palpation of a twitch response. Furthermore, the treating physician has failed to document the objective medical necessity for 5 injections when MTUS guidelines clearly state Not more than 3-4 injections per session. The current request is not medically necessary.