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| <b>Case Number:</b>   | CM15-0106033 |                              |            |
| <b>Date Assigned:</b> | 06/10/2015   | <b>Date of Injury:</b>       | 11/16/2000 |
| <b>Decision Date:</b> | 07/13/2015   | <b>UR Denial Date:</b>       | 05/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2015 |

### 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, 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 57-year-old female, who sustained an industrial injury on 11/16/2000. Diagnoses include lumbar spine degenerative joint disease/degenerative disc disease, cervical degenerative joint disease/degenerative disc disease, status post bilateral carpal tunnel releases (left 2001 and right 2009). Treatment to date has included diagnostics and medications including Cymbalta, Lidoderm, Tramadol and Zipsor. Per the Primary Treating Physician's Progress Report dated 1/06/2015, the injured worker reported left ankle pain/left toe pain, Physical examination of the bilateral wrists revealed tenderness with weak handgrips and no pain upon ranges of motion. Cervical spine examination revealed tenderness at C4-C7 with paraspinal spasm and trapezial trigger points. There was pain on range of motion with moderate restriction upon flexion, extension and right lateral rotation. Lumbar spine examination revealed tenderness at L5 with paraspinal spasm bilaterally. There were trigger points at L5 and sciatic left and right sides. Range of motion was 25% reduced. The plan of care included medications. Authorization was requested for trigger point injection under ultrasound guidance x 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 trigger point injections 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Trigger point injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #4 trigger point injections under ultrasound guidance are 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 three-four 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. Ultrasound guidance is not recommended for the diagnosis of low back conditions. In uncomplicated low back pain, its use would be experimental at best. There is no published peer-reviewed literature to support the use of diagnostic ultrasound in the evaluation of patients with back pain or radicular symptoms. In this case, the injured worker's working diagnoses are left ankle pain/left toe pain; lumbosacral DJD/DDD; C5-C6 DJD/DDD; carpal tunnel syndrome right. Documentation is limited to a 28 page medical record. The date of injury was November 16, 2000. On a July 28, 2003 progress note, the injured worker received multiple trigger point injections that "did not help". The worker received multiple conservative measures including physical therapy, massage therapy, electric stimulation and TENS. The request for authorization is dated April 29, 2015. The most recent progress note in the medical record is dated January 6, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization. On the January 6, 2015 note, the injured worker had complaints of low back pain and neck pain. There was no physical examination. There was no documentation of objective functional improvement with documentation of a greater than 50% pain relief with reduced medication use over six weeks post injection and documentation of functional improvement with prior trigger point injections. Consequently, absent clinical documentation with greater than 50% pain relief with reduced medication use over six weeks post injection and documentation of functional improvement with prior trigger point injections, recent physical examination in the January 2015 progress note and a contemporaneous progress note on or about the date of request authorization, #4 trigger point injections under ultrasound guidance are not medically necessary.