

<b>Case Number:</b>	CM15-0133016		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 51-year-old female who sustained an industrial injury on 4/9/2013 resulting in neck pain, headaches, and, upper back and right shoulder pain. She was diagnosed with trapezius myofascial pain syndrome; cervical strain with mild degenerative changes and facet mediated pain; thoracic strain; and, right shoulder myofascial pain syndrome. Documented treatment has included Botox for migraine headaches which she reports as being effective; trigger point injections with 50% pain reduction; medication; and, home exercise. The injured worker continues to report migraine headaches, neck and right shoulder pain with reduced range of motion, and some right shoulder crepitus. Activities of daily living are reported to be limited by chronic pain. The treating physician's plan of care includes Trigger point injections to the neck and right shoulder every 6-8 weeks for 18-24 weeks. She is working part time with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections, Neck & Right Shoulder, 3 sessions every 6-8 wks for 18-24 wks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of trigger point injections as a treatment modality. Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. Criteria for the use of Trigger point injections: 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 insufficient evidence that the patient meets the above cited MTUS criteria for trigger point injections. The requested frequency is for every six-eight weeks, which is not compliant with item #7; that the frequency should not be at an interval less than two months. The request for the treatment duration of 18-24 weeks is not compliant with item #6; specifically, that there are 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. For these reasons, trigger point injections to the neck and right shoulder, 3 sessions every 6-8 weeks for 18-24 weeks is not medically necessary.