

<b>Case Number:</b>	CM15-0141387		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	03/14/2006
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### **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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

### **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 58-year-old female who sustained a work related injury March 14, 2006. Past history included psoriasis, psoriatic arthritis, hypertension, and diabetes. According to an agreed medical re-examination performed February 25, 2015, finds the injured worker with complaints of pain in her left shoulder, left arm, and left side of neck and low back pain with difficulty sleeping at night. Current medication included Actos, Altace, Microzide, Norco (8 per day), Lyrica, metformin, Cymbalta, Omeprazole, Ultram (one per day) and lotion for skin psoriasis. Physical examination revealed; elevated blood pressure, body mass index 34.7, abdominal girth 51 inches; range of motion of the cervical spine diminished with discomfort; right shoulder range of motion full with pain; range of motion left shoulder 10% of normal with pain; range of motion of the wrists was full with pain in the left wrist; small effusion in the right knee and pain on range of motion of both knees; left metatarsophalangeal joints are tender; extensive psoriasis and rosacea on her face. Diagnoses are cervical spondylosis C5-6; lumbosacral facet joint disease L5-S1 tendinopathy left shoulder; chronic left lateral epicondylitis; inflammatory synovitis bilateral wrists bilateral osteoarthritis of the hips with greater trochanteric bursitis; depression probable obstructive sleep apnea. At issue, is the request for authorization for trigger point injections bilateral trapezius.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection under ultrasound guidance, bilateral traps x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. "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. (Colorado, 2002) (BlueCross BlueShield, 2004)" The medical records submitted for review do not contain documentation of circumscribed trigger points; furthermore there is evidence of radiculopathic pain in the upper extremity. The criteria are not met, the request is not medically necessary.