

<b>Case Number:</b>	CM15-0167059		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 52 year old male sustained an industrial injury on 8-29-11. He subsequently reported right knee pain, neck and shoulder pain. Diagnoses include Intervertebral disc disorder with myelopathy. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker has continued complaints of right knee pain and neck pain which radiates to the right upper extremity. Upon examination of the cervical spine, there was tenderness to palpation with increased muscle rigidity noted in the cervical spine. Decreased cervical spine range of motion was noted. The right knee examination revealed tenderness along the medial lateral joint line with mild swelling and crepitus noted. Tinel's was positive in the right wrist. A request for Retrospective four trigger point injection (total of 10cc of 0.25% Bupivacaine) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective four trigger point injection (total of 10cc of 0.25% Bupivacaine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** The MTUS Guidelines support the use of trigger point injections with numbing medications for the treatment of myofascial pain syndromes. Injection with steroids or other medications is not recommended. Myofascial pain syndromes include regionally painful muscles with associated trigger points. Under specific circumstances, this treatment may be helpful in treating chronic regional pain syndrome (CRPS). Trigger point injections have not been shown to be helpful in treating other conditions such as fibromyalgia, radiculopathy, or routine back or neck pain. Criteria required to demonstrate medical necessity include detailed documentation of true trigger points on examination; on-going symptoms for at least three months; symptoms have not improved with non-invasive treatments, such as stretching and therapeutic exercises and medication to decrease swelling; examination, imaging, and neurologic studies have not shown radiculopathy; and no more than three injections per session should be done. Repeated trigger point injections should only be done if prior injections caused improved function and at least a 50% reduction in symptoms for at least six weeks and prior injections were done at least two months ago. The submitted and reviewed documentation indicated the worker was experiencing depressed and anxious moods, problems sleeping, numbness in both hands, and pain in both arms. The recorded examinations did not include findings suggesting the presence of trigger points. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request did not specify the specific areas of the body to be injected or the prior date of service this was done. For these reasons, the current request for four trigger point injections of 0.25% bupivacaine (total 10mL) to unspecified locations for an unspecified prior date of service is not medically necessary.