

<b>Case Number:</b>	CM15-0169197		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Emergency 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 44-year-old male, with a reported date of injury of 03-17-2010. The diagnoses include cervical radiculopathy and unspecified spinal backache. Treatments and evaluation to date have included oral medications, topical pain medication, and cervical epidural steroid injections. The diagnostic studies to date included a urine drug screen on 04-03-2015 with negative findings. The progress report dated 07-28-2015 indicates that the injured worker's pain level had remained unchanged since the last visit. The injured worker's pain with medications was rated 5 out of 10, and 9 out of 10 without medications. It was noted that an MRI of the cervical spine on 04-09-2013 showed moderate facet hypertrophy with moderate right and mild left foraminal stenosis at C4-5, moderate facet hypertrophy and trace retrolisthesis causing moderate bilateral foraminal stenosis, right greater than left at C5-6, and facet hypertrophy causing moderate to severe left foraminal stenosis and mild right foraminal stenosis at C6-7; an MRI of the cervical spine on 05-03-2010 showed degenerative joint disease and degenerative disc disease, and herniation at C6-7; and electrodiagnostic studies on 10-18-2010 with normal findings. The objective findings include restricted and limited cervical spine range of motion; hypertonicity, spasm, and tenderness of the cervical paravertebral muscles on both sides; and pain in the muscles of the neck and no radicular symptoms with Spurling's maneuver. It was noted that the injured worker denied any bilateral upper extremity radicular pain at the time of the visit, and he continued to have moderate to severe muscle tightness and pain in the right cervical paravertebral muscles and right trapezius. The injured worker was permanent and stationary. The request for authorization was not included in the medical records. The treating

physician requested a trigger point injection to the right cervical paravertebral for myofascial spasm as noted on physical examination. On 07-29-2015, Utilization Review non-certified the request for trigger point injection to the right cervical paravertebral since the injured worker had been diagnosed with radiculopathy, there was no objective imaging result available for review to corroborate with the history and physical exam, and no documentation of circumscribed trigger points in the intended muscles of injection with evidence upon palpation of a twitch response.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trigger Point Injection Right Cervical Paravertebral: 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 request is for trigger point injection. It is recommended only for myofascial pain syndrome, with limited lasting value. It is not recommended for radicular pain. 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. It is not recommended for typical back pain or neck pain. 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. Regarding the injured worker, there is unclear documentation of a trigger point with twitch response, and it is unclear that the injured worker has failed medical management therapy. There is incomplete fulfillment of the criteria. Therefore, the request as written is not medically necessary.