MAXIMUS Federal Services

| Case Number: | CM15-0182341 | | |
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| Date Assigned: | 09/23/2015 | Date of Injury: | 06/26/2010 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

## 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 36 year old male, who sustained an industrial-work injury on 6-26-10. A review of the medical records indicates that the injured worker is undergoing treatment for headache, cervical facet syndrome, cervical discopathy, and cervical radiculitis. Medical records dated (6-1-15 to 7-31-15) indicate that the injured worker complains of persistent neck pain, spasm and tenderness of the cervical muscles and increased pain with range of motion. He also complains of ongoing headaches and that the pain has remained unchanged and rated 7 out of 10 on pain scale. He states that the current medications relieve the pain. The work status was not documented. The physical exam dated from (5-4-15 to 7-31-15) reveals cervical tenderness to palpation with spasm and tightness noted over the upper cervical muscles. There is tenderness to palpation over the occipital insertion bilaterally. The physician indicates that there are multiple trigger points noted. The cervical spine range of motion is decreased with extension, lateral flexion and lateral rotation with pain on end range of motion. There is decreased sensation at the C3 and C4 dermatomes bilaterally. The medical record dated 7-21-15 the physician indicates that "there is multiple trigger points noted to the cervical paravertebral muscles." Treatment to date has included pain medication including Dilaudid, diagnostics, chiropractic, activity modifications, physical therapy (unknown amount), epidural steroid injection (ESI) times 1 with no documentation of pain relief and for how long the pain was relieved, home exercise program (HEP) and other modalities. The physician indicates in the medical record dated 2-27-15 that per Magnetic Resonance Imaging (MRI) of the cervical spine "there is developmental decrease in the central canal at C3-C7 resulting in mild central stenosis, disc bulge at C3-4 with mild right

neural foraminal stenosis and minimal posterior disc bulge at C6-7." The physician also indicates that per cervical spine X-rays "there is moderate degenerative disc disease (DDD) at C6-C7." The request for authorization date was 8-12-15 and requested service included Trigger Point Injection cervical paravertebral muscles ultrasound guided. The original Utilization review dated 8-20-15 non-certified the request as per the guidelines there was no documentation that the trigger points had persisted for more than 3 months as there was no cervical paravertebral muscle trigger points noted on the follow up evaluation report dated 5-4-15. In addition there was no mention of failed recent medical management therapies such as ongoing physical therapy, Nonsteroidal anti-inflammatory drugs and muscle relaxants. Therefore, medical necessity was not established per the MTUS.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection cervical paravertebral muscles ultrasound guided:** 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, the request is for a cervical trigger point injection. Documentation provided for review stated that "there is tenderness to palpation with spasm and tightness noted over the upper cervical paraspinous muscles. There is

tenderness to palpation over the occipital insertion bilaterally. There are multiple trigger points noted." While there is documentation of "trigger points," there is no documentation of a twitch response or referred pain. It is also not clear if symptoms have lasted for greater than 3 months. As a new complaint, it is unclear if conservative measures, including stretching, physical therapy, NSAIDs, or muscle relaxants have failed. Therefore, the request as submitted does not meet the requirements of the MTUS guidelines. The medical benefit is not supported at this point in treatment. The request is not medically necessary.