

<b>Case Number:</b>	CM15-0208904		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Arizona, 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 63 year old male, who sustained an industrial injury on 11-18-2009. He has reported injury to the neck, bilateral knees, and low back. The diagnoses have included cervical strain; lumbar strain; bilateral knee osteoarthritis, chondromalacia; chronic pain syndrome; and myofascial pain syndrome, neck and low back. Treatment to date has included medications, diagnostics, bilateral knee injections, trigger point injections, physical therapy, and home exercise program. Medications have included Norco and Tylenol. A progress report from the treating physician, dated 09-24-2015, documented a follow-up visit with the injured worker. The injured worker reported he is having problems with his neck, low back, and knees; he states that he is worse; and his pain level is at a 10 out of 10 in intensity level; he just takes Tylenol; he tries to do exercises; he has pain in his neck radiating to both upper extremities; his low back pain radiates to his lower extremities; previous trigger point injections, on 08-06-2015, had allowed him to decrease his pain level up to 50% and increase his functional activities of daily living and exercises until this recent flare; and he would like trigger point injections today. Objective findings included gait is antalgic without a cane; palpation reveals discrete tender trigger points over his neck, posterior shoulders, and low back with muscle twitch points; and motor and sensation are intact. The provider noted that he had injected tender trigger points over the right and left upper trapezius, scapular, and lumbar areas. The treatment plan has included the retrospective request for 4 trigger point injections, date of service: 09-24-2015. The original utilization review, dated 10-03-2015, non-certified the retrospective request for 4 trigger point injections, date of service: 09-24-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective request for 4 trigger point injections DOS 09/24/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 90.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Therefore the request for lumbar trigger point injection is not medically necessary. According to the ODG guidelines trigger point injections are not recommended in the absence of myofascial pain: Criteria for the use of Trigger point injections: Trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome (MPS) 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 an indication (however, if a patient has MPS plus radiculopathy a TPI may be given to treat the MPS); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use 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; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be re-examined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. In this case, the claimant had injections the prior month. It is recommended to wait at least 2 months prior to repeating injections. The injections do not provide lasting benefit and are not a medical necessity. Additional trigger point injections are not necessary at the time of request.