

<b>Case Number:</b>	CM15-0031904		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 8/28/2012. He reports neck and back pain while stocking boxes. Diagnoses include cervical disc displacement without myelopathy, cervical and lumbar sprain/strain, anxiety, depression and insomnia. Treatments to date include epidural steroid injection, trigger point injections, physical therapy and medication management. A progress note from the treating provider dated 12/10/2014 indicates the injured worker reported neck and back pain. On 1/29/2015, Utilization Review non-certified the request for a series of three trigger point injections, citing MTUS and ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 trigger point injections for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Trigger point injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, series of three trigger point injections to the cervical spine are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three-four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbosacral herniated nucleus pulposus/disc bulge right leg; thoracic spine MI; Cervical spine disc bulge with right upper extremity radiculopathy; and stress anxiety/depression. Subjectively, the injured worker complains of neck, mid back and low back pain. Symptoms radiate to the low back. Objectively, there is tenderness to palpation over the right upper back trapezius. There are no circumscribed trigger points with evidence upon palpation of the twitch response documented in the medical record. There is no documentation in the medical record indicating objective functional improvement with prior trigger point injections. Consequently, absent clinical documentation with evidence of trigger points with evidence of a twitch response, series of three trigger point injections to the cervical spine are not medically necessary.