

<b>Case Number:</b>	CM15-0050156		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/19/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 58 year old female, who sustained an industrial injury on 09/19/2002. She has reported subsequent neck, shoulder and arm pain and was diagnosed with cervical radiculopathy, chronic pain syndrome and carpal tunnel syndrome. Treatment to date has included oral pain medication. In a progress note dated 01/28/2015, the injured worker complained of neck and arm pain. Objective findings were notable for moderate to severe tenderness to palpation of the deltoid region of the right upper extremity with slightly reduced range of motion. A trigger point injection was performed and a request for authorization was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection with betamethsone acetate 3mg and betamethsone sodium ph:**

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 rationale:** The patient presents with neck, shoulder and arm pain. The request is for TRIGGER POINT INJECTION WITH BETAMETHSONE ACETATE 3MG AND BETAMETHSONE SODIUM PH. The request for authorization is not provided. The patient is status-post discectomy, date unspecified. CT Myelogram of the cervical spine, 03/12/14, shows posterior central and right posterior paracentral herniated disc at C5-C6 with mild cord compression, solid anterior fusion at C6-C7, and mild right neural foraminal narrowing at C4-C5. Physical examination of the right upper extremity reveals moderate severe tenderness to palpation present - shoulder region deltoid region. Range of motion is slightly reduced at the shoulder in abduction and flexion with external rotation creating an increase in pain. Patient's medications include Amiodipine, Aspirin-81, Celebrex, Cymbalta, Gabapentin, Lasix, Metolazone, Tramadol Vicodin, Vitamin B12 and Zanaflex. The patient's work status is not provided. The MTUS Guidelines, on page 122, state that "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." Treater does not discuss the request. In this case, it appears the treater has already performed the trigger point injection prior to authorization. Per progress report dated, 01/28/15, treater states, "Patient was prepped over the upper trapezius and normal aseptic fashion and we proceeded with injection of the trigger point which did trigger her symptoms in the distal extremity range of motion afterwards did show improvement and improvement in pain." However, the patient does not meet the MTUS criteria for trigger point injections. There is no documentation of "circumscribed trigger points" with evidence upon palpation of a "twitch response" as well as referred pain, as required by guidelines. Furthermore, per progress report dated, 01/28/15, treatment plan shows the use of ultrasound guidance, however, there is no guideline support for its use in trigger point injections. Therefore, the request IS NOT medically necessary.