

<b>Case Number:</b>	CM15-0050535		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on 10/23/2008. The current diagnoses are chronic pain syndrome, musculoskeletal disorder of the neck, status post cervical fusion (4/29/2014), neck pain, degeneration of the cervical intervertebral disc, low back pain, and degeneration of the lumbosacral intervertebral disc. According to the progress report dated 2/10/2015, the injured worker complains of neck pain that radiates into her shoulders, arms, and hands. Additionally, she reports low back and leg pain with associated weakness and occasional bucking of her legs. The current medications are Percocet, Soma, and Valium. Treatment to date has included medication management, x-rays, physical therapy, massage, TENS unit, and surgical intervention. The plan of care includes trigger point injection in bilateral trapezius.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective trigger point injection in bilateral trapezius with Depo Medrol 80 mg/Lidocaine 2cc:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines criteria for the use of trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 122.

**Decision rationale:** The MTUS guidelines only recommend trigger point injections for myofascial pain that is non-radicular in nature and under recognition of limited lasting value 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. Utilization Review denied trigger point injection based on lack of evidence for referred pain, however, the recent note (2/10/15) describes radiating pain that is a reasonable consideration in this case. Given the chronicity of the patient's pain and lack of overall improvement, based on the provided documentation, requested treatment with trigger point injection seems reasonable and is therefore considered by this reviewer to be medically necessary.