

<b>Case Number:</b>	CM14-0114617		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/10/2000
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of November 10, 2000. A utilization review determination dated June 26, 2014 recommends noncertification for trigger point injections for the shoulder and neck. A progress report dated June 19, 2014 identifies subjective complaints of constant neck/shoulder pain. The note goes on to state "trigger points shoulder with switch radiation." Objective examination findings identify dystonia with neck and shoulder. Diagnoses include dystonia, facet arthropathy, and (illegible). The treatment plan recommends trigger point injections, physical therapy, and acupuncture. A letter dated July 14, 2014 states that the patient has had symptoms for 14 years with trigger points identified by firm bands with radiation distally and a twitch phenomenon. She has had more than 50% improvement in pain and function with trigger point injections in the past. The note states that the patient has failed home exercise, Celebrex, Advil, Tylenol, Lidoderm, heat and cold pads, and remains disabled with pain rated at 9/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 and 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, the requesting physician has identified that the patient has failed conservative treatment for at least 3 months and that the patient has trigger points on physical examination. Unfortunately, although the patient has had 50% improvement "in pain and function" with previous trigger point injections, it is unclear how long those injections lasted. Furthermore, there are no specific examples of the objective functional improvement which was obtained with the previous trigger point injections. In the absence of such documentation, the guideline criteria for repeat trigger point injections has not been met. Therefore, the request for repeat trigger point injections is not medically necessary or appropriate.

**Trigger point injection to the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 and 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, the requesting physician has identified that the patient has failed conservative treatment for at least 3 months and that the patient has trigger points on physical examination. Unfortunately, although the patient has had 50% improvement "in pain and function" with previous trigger point injections, it is unclear how long those injections lasted. Furthermore, there are no specific examples of the objective functional improvement which was obtained with the previous trigger point injections. In the absence of such documentation, the guideline criteria for repeat trigger point injections has not been met. Therefore, the request for repeat trigger point injections is not medically necessary or appropriate.