

<b>Case Number:</b>	CM14-0121876		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 & Rehabilitation and is licensed to practice in Georgia. 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 case involves a 24 year old male who was injured on 04/18/2013 when he was lifting a tote and felt pain in the left side of his back. Prior treatment history has included 29 sessions of physical therapy, home exercise program, and medications. Diagnostic studies reviewed include MRI of the left shoulder dated 05/22/2013, which revealed degenerative changes at the AC joint with capsular hypertrophy, synovitis and type II acromion. Progress report dated 07/08/2014 indicated the patient presented with complaints of left shoulder blade pain radiating to the left side of the neck, left upper extremity, and low back. On exam, he had mild weakness of the wrist flexors, triceps, supraspinatus and infraspinatus on the left. There was minimal tenderness noted in the left shoulder blade and moderate tenderness noted about the left low back. Neurologically, he was intact. He was diagnosed with a strain of the left shoulder girdle with chronic pain improved; mild left carpal tunnel asymptomatic; and lower back pain. Since the patient had good relief from previous trigger point injections in the left periscapular area, a recommendation was made to receive trigger point injection to the left scapula and a trial of trigger point injections to the left lower back. Progress report dated 06/02/2014, reported ongoing periscapular pain of 2/10. The patient received periscapular trigger point injections to the distal medial portion of the left scapula and the distal lateral portion of the left scapula in areas of palpable hypertonic muscles for chronic myofascial pain. On 07/01/2014, the progress report indicated the patient "did well" with trigger point injections and no definite measure of improvement was noted. Pain reported on that date was 1/10. Prior utilization review dated 07/18/2014 stated the request for trigger point injection to the left scapula and a trial trigger point injection of the left low back was denied as it is not medically necessary.

### 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 left scapula and a trial trigger point injection of the left low back:** 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:** According to the CA MTUS guidelines, trigger point injections are recommended for myofascial pain syndrome, with limited lasting value. A trigger point is defined by MTUS as "a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band." Myofascial pain syndrome is defined by MTUS as "a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region." 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 several criteria have been met, which are documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); not more than 3-4 injections per session; 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; frequency should not be at an interval less than two months; and trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In the case of this patient, the medical records fail to document objective examination findings that are consistent with myofascial pain syndrome; particularly there is no provided documentation of twitch responses in bands of palpable taut skeletal muscle in the low back. Furthermore, the patient last received trigger point injections in the periscapular region on 6/3/2014, and repeat injections are being requested approximately one month later. Interval frequency for injections should not be less than two months. In addition, the medical records state only that the patient did "well" following injections, and do not clearly establish the patient has obtained greater than 50% pain relief for at least 6 weeks following the last injection with documented functional improvement. The request for trigger point injections is not supported by the guidelines therefore, the request is not medically necessary.