

<b>Case Number:</b>	CM14-0182615		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 59 year old male with an injury date of 11/07/11. Based on the 09/17/14 progress report provided by treating physician the patient complains of neck pain rated 7-8/10 that radiates to the bilateral upper extremities. Physical examination to the cervical spine revealed straightening of the spine with loss of lordosis and anterior surgical scar. Range of motion was limited, especially on extension 10 degrees. Hypertonicity, tenderness and tight muscle band is noted on bilateral paravertebral and trapezius. Spurling's maneuver was positive and caused radiating pain to the upper extremity. Cervical facet loading caused pain bilaterally. Examination of the thoracic spine revealed paraspinal muscles were without tenderness, increased tone or appreciable trigger point. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right trapezius muscle right and left. Patient is status post cervical fusion C5-C6 and C6-C7 12/30/11, and failed medial branch block 11/25/13. The physician indicates previous trigger point injections to cervical paraspinals and upper trapezius with good relief. Patient noted that deep tissue massage performed by physical therapist was helpful in reducing pain and increasing range of motion. Acupuncture was also helpful for his pain, and medications helped with sleep and muscle spasms. The diagnosis as of 09/17/14 is post cervical laminectomy syndrome, cervical facet syndrome, cervical radiculopathy and spasm of the muscle. The utilization review determination being challenged is dated 10/06/14. Treatment reports were provided from 04/02/14 - 09/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection (cervical paravertibral; right trapezius) paraspinal spasm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Section.

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

**Decision rationale:** The patient presents with neck pain rated 7-8/10 that radiates to the bilateral upper extremities. Patient is status post cervical fusion C5-C6 and C6-C7 12/30/11, and failed medial branch block 11/25/13. Examination of the thoracic spine on 09/17/14 revealed paraspinal muscles were without tenderness, increased tone or appreciable trigger point. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right trapezius muscle right and left. Examination of the cervical spine on 09/17/14 revealed tenderness and tight muscle band is noted on bilateral paravertebral and trapezius. Spurling's maneuver was positive and caused radiating pain to the upper extremity. Cervical facet loading caused pain bilaterally. MTUS Guidelines, page 122, Chronic Pain Medical Treatment Guidelines states: Trigger point injections - "Criteria for the use of Trigger point injections: 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." The physician reports previous trigger point injections to cervical paraspinals and upper trapezius with good relief. However the physician has not documented the location nor mentioned the date when previous procedure was performed. There is no discussion of functional improvement, or greater than 50% pain relief as required by MTUS. The patient presents with radiculopathy. It appears other medical management therapies are still helping to control the pain and have not been exhausted. Per the physician's report dated 09/17/14, "patient noted that deep tissue massage performed by physical therapist was helpful in reducing pain and increasing range of motion. Acupuncture was also helpful for his pain, and medications helped with sleep and muscle spasms." The request does not meet guideline criteria. Recommendation is for denial. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES states: Trigger point injections - "Criteria for the use of Trigger point injections: 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;

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**Trigger points to the right cervical paraspinal and bilateral upper trapezius on exam:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Section.

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

**Decision rationale:** The patient presents with neck pain rated 7-8/10 that radiates to the bilateral upper extremities. Patient is status post cervical fusion C5-C6 and C6-C7 12/30/11, and failed medial branch block 11/25/13. Examination of the thoracic spine on 09/17/14 revealed paraspinal muscles were without tenderness, increased tone or appreciable trigger point. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right trapezius muscle right and left. Examination of the cervical spine on 09/17/14 revealed tenderness and tight muscle band is noted on bilateral paravertebral and trapezius. Spurling's maneuver was positive and caused radiating pain to the upper extremity. Cervical facet loading caused pain bilaterally. MTUS Guidelines, page 122, Chronic Pain Medical Treatment Guidelines states: Trigger point injections - "Criteria for the use of Trigger point injections: 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." The physician reports previous trigger point injections to cervical paraspinals and upper trapezius with good relief.

However the physician has not documented the location nor mentioned the date when previous procedure was performed. There is no discussion of functional improvement, or greater than 50% pain relief as required by MTUS. The patient presents with radiculopathy. It appears other medical management therapies are still helping to control the pain and have not been exhausted. Per the physicians report dated 09/17/14, "patient noted that deep tissue massage performed by physical therapist was helpful in reducing pain and increasing range of motion. Acupuncture was also helpful for his pain, and medications helped with sleep and muscle spasms." The request does not meet guideline criteria. Recommendation is for denial.