

<b>Case Number:</b>	CM14-0089567		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/13/2004
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 injured worker is a 71-year-old female with a reported date of injury on 05/13/2004. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include acquired torsion dystonia, chronic tension headaches, spasmodic torticollis, and chronic migraine without aura, without mention of intractable migraine without mention of status migrainous. Her previous treatments were noted to include Botox injections, trigger point injections, and medications. The progress note dated 05/06/2014 revealed complaints of chronic headaches and cervical dystonia. The injured worker reported the last Botox injection did not lead to significant and meaningful clinical improvement with her dystonia around the neck area. The injured worker felt the headaches had been quite persistent and daily and that the current medication regimen was not working well. The injured worker recalled the Lidocaine injection into the trigger points around her shoulders and neck area gave significant symptom relief over duration of 6 to 8 weeks. The physical examination revealed chronic headache syndrome complicated by cervical dystonia and it had been neurotoxin therapeutics resistant. The dystonia examination revealed prominence at the anterior translocation and a limited range of motion. The provider indicated with the injured worker having received significant benefit with the Lidocaine injection into the trigger points that lasted up to 8 weeks, the provider requested Lidocaine injections injected into the trigger points. The request for authorization form dated 05/14/2014 was for Lidocaine injection to treat cervical dystonia into the shoulder and neck area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 1% injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 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 request for Lidocaine 1% injection is not medically necessary. The injured worker received Lidocaine injections to the trigger points with improved pain relief for 6 to 8 weeks. The California Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome as indicated. The guidelines do not recommend trigger point injections for radicular pain. Trigger point injections with an anesthetic such as Bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is generally not recommended. Myofascial pain syndrome is a regional painful muscle condition with a relationship between the specific trigger point and its associated pain region. The guideline criteria for the use of trigger point injections is documentation of a circumscribed trigger point with evidence upon palpation of a twitch response as well as referred pain, symptoms that persisted for more than 3 months, medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control the pain. Radiculopathy must not be present by examination, imaging, or neuro testing. No more than 3 to 4 injections per session and/or repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The frequency should not be at an interval of less than 2 months and trigger point injections with any substance other than a local anesthetic with or without steroids are not recommended. There is a lack of documentation regarding circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain to warrant trigger point injections with Lidocaine. The documentation provided indicated the trigger point injections with previous Lidocaine had provided 6 to 8 weeks of pain relief however, due to the lack of documentation regarding circumscribed trigger points, the additional Lidocaine injections are not appropriate at this time. Additionally, the request failed to provide the number of injections requested. Therefore, the request is not medically necessary.