

<b>Case Number:</b>	CM15-0010287		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 06/04/2012. The diagnoses have included neck pain, low back pain, coccygodynia, cervical disc with radiculitis, and lumbar disc with radiculitis. Treatments to date have included acupuncture, home exercise program, and medications. Diagnostics to date have included urine drug screen dated 10/22/2014 which showed consistent results. In a progress note dated 12/09/2014, the injured worker presented with complaints of cervical, low back, and tail bone pain. The treating physician reported recommending trigger point injections now for muscle guarding and spasm with referral patterns. Utilization Review determination on 12/19/2014 non-certified the request for Cervical Spine Paraspinous Trigger Point Injection citing Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine paraspinous trigger point injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation Pain section, Trigger point injections

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical spine paraspinals trigger point injections are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are neck pain; low back pain; coccygodynia; cervical disc with radiculitis; and lumbar disc with radiculitis. Subjectively, the injured worker complains of neck pain that radiates to the left upper extremity numbness, tingling and weakness. Objectively, there is tenderness to palpation along the cervical and lumbar paraspinals, trapezius, and quad lumborum with appropriate referral patterns. Range of motion is restricted. There is muscle guarding noted that the cervical paraspinals trapezius muscle groups bilaterally. The documentation does not contain circumscribed trigger points with evidence upon palpation of the twitch response. Subjectively, there is radiculopathy from the neck into the left upper extremity. Consequently, absent clinical evidence of circumscribed trigger points with evidence of a twitch response with the presence of radiculopathy, cervical spine paraspinal trigger point injections are not medically necessary.