

<b>Case Number:</b>	CM15-0010504		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	01/26/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/05/2015
<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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on January 26, 2010. The injured worker has reported neck pain, low back pain and wrist pain. The diagnoses have included cervicalgia, cervical spondylosis, cervical degenerative disc disease, right carpal tunnel syndrome postoperative, low back pain, lumbar spondylosis and right lower extremity radiculopathy. Treatment to date has included pain medication, physical therapy, a home exercise program, cervical radiofrequency neurotomy and chiropractic treatment. The documentation supports that the injured worker failed the treatments mentioned. Current documentation dated December 19, 2014 notes that the injured worker was evaluated for low back pain and muscle neck pain rated a six out of ten on the Visual Analogue Scale. Physical examination of the cervical spine revealed pain, spasms and decreased a range of motion. Trigger points were noted in the posterior upper paraspinous and splenius captious musculature. On January 5, 2015, Utilization Review non-certified a request for a retrospective trigger point injection and trigger point injections times four. The MTUS, ACOEM Guidelines, were cited. On January 19, 2015, the injured worker submitted an application for IMR for review of a retrospective trigger point injection and trigger point injections times four.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Trigger Point Injections (x4): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the 12/19/14 report the patient presents with neck pain s/p cervical RFA 10/27/14 with residual pain related to the lower back. The current request is for TRIGGER POINT INJECTIONS X4 per the 12/19/14 RFA. The patient is disabled. The MTUS, Trigger point injections, Page 122 has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use include: "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." In this case, the 12/19/14 report documents that the patient received trigger point injections to the trapezius, paraspinous and splenius capitis on 12/19/14. This report further states that should the patient experience reduction in pain and improvement in function prospective authorization for further injections will be requested. However, this is the most recent report provided, and pain relief and functional improvement as a result of the 12/19/14 injections have not been documented. The request IS NOT medically necessary.

#### **Retro Trigger Point Injection: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the 12/19/14 report the patient presents with neck pain s/p cervical RFA 10/27/14 with residual pain related to the lower back. The current request is for TRIGGER POINT INJECTION per the 12/19/14 RFA which states the DOS is 12/19/14. The patient is disabled. The MTUS, Trigger point injections, Page 122 has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. MTUS also states, "Not recommended for radicular pain." Also, "Not recommended for typical back pain or neck pain." The 12/19/14 states the following regarding objective findings cervical, "There is discrete triggering and twitch response evident with circumscribed point of pain, referring several centimeters beyond into the medial scapula border and to across the T1 process. Similarly, the trigger points in the upper cervical spine both radiated in a non-radicular pattern over the surface of the upper cervical spine." This reports further states, "There is no radiculopathy on the basis of exam or prior neurologic testing and so retro-auth for trigger point injections into three separate muscle groups is requested: trapezius, paraspinous and splenius capitis." And also states, "We reviewed his residual painful point and the differential diagnosis which includes

trigger point injections which we will proceed today with as this pain has been present prior to the radiofrequency lesioning" In this case, the treater documents twitch response, circumscribed trigger points, that pain is not radicular, and that neck pain is not typical due to differential diagnosis. Guidelines state this treatment is indicated for myofascial pain syndrome and the 10/18/14 report includes a diagnosis of myofascial pain for this patient. There is no evidence of prior trigger point injections for this patient. The request IS medically necessary.