

<b>Case Number:</b>	CM15-0014227		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Arizona

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 33-year-old female who reported an injury on 10/27/2011. The mechanism of injury was not provided. Other therapies included chiropractic care and a lumbar epidural steroid injection and a right selective nerve block as well as epidural steroid injection for the cervical spine. The injured worker had a discectomy at L5-S1. The documentation of 12/31/2014 revealed the injured worker was in the office for follow-up post-injection and the injured worker indicated most of her pain was in the left shoulder and would like a trigger point injection to relieve some of the pain. The medications included cyclobenzaprine 10 mg, chlorhexidine gluconate 0.12%, escitalopram 5 mg, duloxetine 30 mg, gabapentin 100 mg, gabapentin 600 mg, amitriptyline 25 mg, Fluvirin 45 mcg/0.5 mL intramuscular suspension, hydrocodone 10/325 mg tablets, Lunesta 2 mg tablets, lidocaine 5% patch, metaxalone 800 mg tablets, methylprednisolone 4 mg tablets in a dose pack, and tizanidine 4 mg capsules, as well as temazepam 15 mg, Vicodin 5/300 mg, and zolpidem 5 mg tablets and zolpidem 10 mg tablets. The injured worker indicated the last injection helped with neck pain to some degree and the injured worker continued to have escalation of trigger point pain. The physical examination revealed the injured worker had decreased sensation to pinprick in the C6-7 distribution on the right side and the injured worker had pain in circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The injured worker had tenderness to lumbar muscles, bilateral scapula, and pain with active range of motion in the shoulders. The injured worker was noted to be injected with trigger point injections with ultrasound guidance. The diagnoses included shoulder pain, lumbar radiculopathy, spasm, neck pain, and pain

radiating to the left shoulder. The injured worker's medications were refilled. The documentation indicated that the injured worker was to return in 1 month and the authorization should be ready for the trigger point injection and as the injured worker was in so much pain there was a performance of a trigger point injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trigger point injections 4 times with ultrasound guidance:** 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): 121-122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Ultrasound, Diagnostic

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend trigger point injections for myofascial pain syndrome. They are not recommended for radicular pain. The criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There should be documentation that symptoms have persisted for more than 3 months and that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. Radiculopathy should not be present by examination, imaging, or neural testing. Additionally, there should be no repeat injections unless 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. The clinical documentation submitted for review indicated the injured worker came to the office requesting a trigger point injection to relieve pain. This would indicate the injured worker had prior trigger point injections. There was a lack of documentation of the date of prior trigger point injections. There was a lack of documentation of greater than 50% pain relief for 6 weeks after the injection and there was a lack of documentation of functional improvement. The date of the prior injection was not provided. The California guidelines do not specifically address ultrasound guidance. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that ultrasound guidance for injections may improve the accuracy and reduce procedural pain; however, it does not support improved clinical outcomes. This portion of the request would not be supported. Given the above, the request for decision for trigger point injections 4 times with ultrasound guidance is not medically necessary.