

<b>Case Number:</b>	CM15-0015519		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/20/2001
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 71 year old female, who sustained an industrial injury on December 20, 2001. The diagnoses have included spinal enthesopathy, cervicgia, chronic bilateral carpal tunnel syndrome, cervical radiculitis, disc disorder of the cervical region, spinal stenosis of the cervical region, chronic pain syndrome, myalgia and myositis, and neuralgia. Treatment to date has included medications. Currently, the injured worker complains of cervical spine pain. The Treating Physician's report dated December 9, 2014, noted the cervical spine with bilateral diffuse tenderness at the suboccipital muscle insertion, right paracervical and scapular region, with normal range of motion, and positive Spurling's bilaterally, right greater than left. The thoracic spine and lumbar spine examinations were noted to have no tenderness or range of motion deficits. The left shoulder was noted to have no tenderness or swelling with full range of motion. On December 29, 2014, Utilization Review non-certified a trigger point (repeat injection x2) left cervical and left shoulder, set of three, and a drug screen, qualitative multiple drug classes. The UR Physician noted that the guidelines state that trigger point injections cannot be approved in the presence of radiculopathy, and the injured worker carries a diagnosis of radiculopathy, therefore the request for a trigger point (repeat injection x2) left cervical and left shoulder, set of three, was not supported as medically necessary and not approved, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG). The UR Physician noted that there was no firm evidence that opioids were prescribed nor was it clear what the previous tests results were and how they affected the treatment plan, therefore the request for a drug screen, qualitative multiple

drug classes, was not supported as medically necessary and not approved, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 27, 2015, the injured worker submitted an application for IMR for review of a trigger point (repeat injection x2) left cervical and left shoulder, set of three, and a drug screen, qualitative multiple drug classes.

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

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

**Trigger Point (repeat injection X2) left Cervical and left shoulder, set of three: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to MTUS guidelines, trigger point injection is recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended 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 not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) 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. There is no clear evidence of myofascial pain and trigger points in this case. There is no documentation of twitch response and referral pain supporting the diagnoses of trigger point. There is no documentation of failure of oral medications or physical therapy in this case. In addition, the patient was diagnosed with cervical radiculopathy. Therefore, the request for Trigger Point (repeat injection X2) left Cervical and left shoulder, set of three is not medically necessary.

**Drug Screen, qualitative drug classes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient have aberrant behaviour for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for drug screen is not medically necessary.