

<b>Case Number:</b>	CM15-0170148		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	11/10/2009
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female with a date of injury of November 10, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for displacement of cervical intervertebral disc without myelopathy, cervical spine stenosis, degeneration of cervical intervertebral disc, and myalgia and myositis, unspecified. Medical records (July 22, 2015) indicate that the injured worker complains of increased lower back pain, paresthasias of the legs, right upper extremity paresthasias, disassociated sensory loss in the hands, and decreased neuralgia after resuming Duloxetine. Records also indicate activities of daily living are limited by the severity of the pain but are still improving with medications. A progress note dated June 11, 2015 notes subjective complaints of increased pain with discontinuation of Duloxetine, increased lower back pain and paresthasias in the legs, right upper extremity paresthasias, and limited activities of daily living due to pain. The physical exam (July 22, 2015) reveals weakness with heel walking, loss of balance with tandem gait, mildly tender suboccipital muscles, trigger point with hyperirritable foci in palpable taut bands in the levator scapula, trapezius, and rhomboid muscles, local twitch response with compression, referred pain to the posterior scapula and neck, mild loss of balance with neck activity, decreased range of motion of the cervical spine, and bilateral paresthasias with pressure on the cervical facets. The progress note dated (June 11, 2015) documented a physical examination that showed weakness with heel walking, loss of balance with tandem gait, tenderness to palpation with taut bands in the levator scapula, trapezius, and rhomboid muscles, local twitch response with compression, referred pain to the posterior scapula and neck, mild loss of balance with neck activity, decreased range of

motion of the cervical spine, and bilateral paresthesias with pressure on the cervical facets. Treatment has included medications. The original utilization review (August 4, 2015) partially certified a request for trigger point injections, total of one session (original request for Trigger point injections of the neck muscles every 6-8 weeks for 18-24 weeks, for a total of three sessions).

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

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

**Trigger point injections, Neck muscles, every 6-8 wks for 18-24 wks, Qty 3 (sessions/injections): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: 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. (Colorado, 2002) (BlueCross BlueShield, 2004)" The medical records submitted for review contain evidence of circumscribed trigger points with twitch response as well as referred pain to the posterior scapula and neck. However, the medical necessity of 3 injections cannot be affirmed. Per the guidelines, repeat injections rely upon a greater than 50% pain relief response for six weeks after an injection. The request is not medically necessary.