

<b>Case Number:</b>	CM15-0172902		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Emergency 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 52 year old female who sustained an industrial injury January 28, 2011. Diagnoses are adhesive capsulitis of shoulder, rotator cuff syndrome; lumbago; low back pain, lumbar pain, neck pain. According to a treating physician's periodic report dated August 19, 2015, the injured worker was fitted for a lumbar sacral orthosis and the severity of pain decreased significantly. Trigger points with hyperirritable foci are located in palpable taut bands in the levator scapula, trapezius, and rhomboid muscles, produced local twitch responses to compression and referred pain to the posterior scapula and neck. Trigger points with hyperirritable foci located in palpable taut bands in the paravertebral muscles produced local twitch responses in response to compression and referred pain to the lumbar spine. With medication the injured worker can remain out of bed for 3 hours compared to 1 ½ hours without medication, can walk for 2-3 blocks compared to ½ to 1 ½ blocks, can sit for 90 minutes compared to 15 and can sleep for 3 hours compared to 1. Straight leg raise provoked severe paresthesia in the right lower extremity. According to a physician's clinic follow-up report dated August 18, 2015, the injured worker presented with continued back pain. She reported keeping her neck flexed forward because of pain. Physical examination revealed; neck is flexed forward, moderate pain on palpation posteriorly in the cervical spine but is able to extend her neck to a normal position with mild to moderate pain. She has normal strength in the bilateral upper and lower extremities and ambulates with a walker. Treatment recommendations include; x-rays and cervical epidural injections; facet blocks; possible rhizotomies. At issue, is a request for authorization dated August 19, 2015, for trigger point injections, 3 sessions, neck-shoulder,

every 6-8 weeks for 18-24 weeks and Flector patches Quantity: 30. An MRI of the cervical spine, dated July 31, 2015 (report present in the medical record) impression is documented as no significant change since prior examination, degenerative disc disease causing spinal canal and neural foraminal stenosis. A physician documented on August 18, 2015; "mild to moderate disc degeneration at C6-7 and C5-6 with a left sided disc-osteophyte complex with C6-7 causing mild to moderate foraminal stenosis; small disc protrusion on the right at C4-5 causing mild foraminal stenosis." According to utilization review dated September 1, 2015, the request for Trigger point injections, 3 sessions, neck-shoulder, every 6-8 weeks for 18-24 weeks has been modified to Trigger point injections, 1 session, neck-shoulder, Quantity: 1. The request for Flector patches Quantity: 30 is non-certified.

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

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

**Trigger Point Injections, 3 Sessions, Neck/Shoulder, Every 6-8 Weeks for 18-24 Weeks:**  
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:** The requested Trigger Point Injections, 3 Sessions, Neck/Shoulder, Every 6-8 Weeks for 18-24 Weeks is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "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." The injured worker has continued back pain. She reported keeping her neck flexed forward because of pain. Physical examination revealed; neck is flexed forward, moderate pain on palpation posteriorly in the cervical spine but is able to extend her neck to a normal position with mild to moderate pain. She has normal strength in the bilateral upper and lower extremities and ambulates with a walker. The treating physician has not documented the medical necessity for repeat trigger point injections without evaluating the functional benefit. The criteria noted above not having been met, Trigger Point Injections, 3 Sessions, Neck/Shoulder, Every 6-8 Weeks for 18-24 Weeks is not medically necessary.

**Flector Patches Qty 30: 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): Topical Analgesics.

**Decision rationale:** The requested Flector Patches Qty 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has continued back pain. She reported keeping her neck flexed forward because of pain. Physical examination revealed; neck is flexed forward, moderate pain on palpation posteriorly in the cervical spine but is able to extend her neck to a normal position with mild to moderate pain. She has normal strength in the bilateral upper and lower extremities and ambulates with a walker. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flector Patches Qty 30 is not medically necessary.