

<b>Case Number:</b>	CM15-0076427		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 27 year old female, who sustained an industrial injury on 8/5/2014. She reported repetitive strain of the neck, left shoulder and arm. The injured worker was diagnosed as having repetitive strain injury, myofascial pain syndrome, left shoulder strain, left wrist strain, and possible neuropathy. Treatment to date has included medications, modified work, magnetic resonance imaging, acupuncture, and electrodiagnostic studies. The request is for trigger point injection of the cervical shoulder muscle girdle region. On 3/19/2015, she complained of neck, left shoulder, and left upper extremity pain with numbness and tingling sensation. The treatment plan included: trigger point injection. The records indicate she had no improvement with acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection cervical shoulder muscle girdle region 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, although there was identified on physical examination trigger points and no recent evidence of radiculopathy contributing to the worker's symptoms and a recent normal EMG/NCV testing to warrant trigger point injections, based on the notes available for review, there was a total of 8 injections requested to be performed at once, which is more than recommended per treatment. Therefore, the request for 8 trigger point injections to the cervical shoulder muscle girdle region will be considered medically unnecessary.