

<b>Case Number:</b>	CM15-0076611		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/19/1999
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Arizona, California  
 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 67 year old female, who sustained an industrial injury on 02/19/1999. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having mild right carpal tunnel syndrome, moderate left carpal tunnel syndrome, cervicgia, right shoulder bicipital tendinosis, right shoulder pain, and left Dupuytren's contracture of the hand. Treatment to date has included electromyogram, right carpal tunnel injection, medication regimen, multiple trigger point injections, electromyogram, and chiropractic therapy. In a progress note dated 03/27/2015 the treating physician reports complaints of continued severe pain to the neck area that is rated a nine out of ten. The treating physician requested three sets of trigger point injections one week at a time to decrease spasms noting that the injured worker had an active spasm to the neck during examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three Sets of Trigger Point Injections of the cervical muscles, once a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG-pain chapter pg 90.

**Decision rationale:** According to the ODG guidelines trigger point injections are not recommended in the absence of myofascial pain: Criteria for the use of Trigger point injections: Trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome (MPS) 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 an indication (however, if a patient has MPS plus radiculopathy a TPI may be given to treat the MPS); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use 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; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be re-examined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. In this case, the exam note on 3/27/15 did not show a well defined trigger point area on examination with twitch response. Although she had undergone prior chiropractor therapy, there was no recent mention of ongoing exercises. The documentation did not indicate 50% improvement with prior injections. In addition, the ACOEM guidelines do not recommend trigger point injections due to short-term benefit. The request for 3 additional trigger point injections is not medically necessary.