

<b>Case Number:</b>	CM15-0076874		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/11/2015
<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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 28-year-old female, with a reported date of injury of 03/20/2014. The diagnoses include cervical sprain/strain and cervical radiculitis. Treatments to date have included a computerized tomography (CT) scan of the cervical spine, a transcutaneous electrical nerve stimulation (TENS) unit, a home exercise program, an MRI of the cervical spine, electro-diagnostic studies, trigger point injection, and ice/heat treatment. The progress report dated 03/29/2015 indicates that the injured worker complained of worsening numbness of both hands. She was currently not working. The objective findings include tenderness to palpation. No other objective findings were documented. The injured worker received two trigger point injections in the right trapezius, and she tolerated the procedure well. The treating physician requested two trigger point injections by needling without medication in the right trapezius.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Trigger point injections by needling without medications x 2 in right trapezius:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of trigger point injections.

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

**Decision rationale:** This 28 year old female has complained of neck pain since date of injury 3/20/14. She has been treated with TENS, trigger point injections and medications. The current request is for retro trigger point injections by needling without medications x 2 in right trapezius. Per the MTUS guidelines cited above, 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 available medical documentation fails to meet criteria number (1) above. That is, there is no objective documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on physical examination. On the basis of the MTUS guidelines and available medical documentation, Retro Trigger point injections by needling without medications x 2 in right trapezius.