

<b>Case Number:</b>	CM15-0097208		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Texas, 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:

This is a 53-year-old female patient who sustained an industrial injury on 07/09/2014. Diagnoses include cervical radiculopathy, cervical myofascial pain, cervical spondylosis without myelopathy and cervical degenerative disc disease. According to the progress notes dated 4/8/15, she had complaints of ongoing neck pain that has increased, necessitating more frequent Percocet and Soma. The pain also occurs in the upper back with occasional shooting pain down the arms. She rated the pain 8-9/10. Physical examination revealed cervical facet loading positive bilaterally, worse on the right, Myofascial trigger points noted in the cervical paraspinal and parascapular muscles; deep palpation of the areas caused a twitch response and radiation inferiorly and laterally and some weakness noted in the bilateral upper extremities without neurological deficits. The medications list includes valium, soma, percocet, celebrex, gabapentin and venlafaxine. She has undergone shoulder surgery in 2007. She has had cervical MRI dated 8/26/2014 which revealed annular disc tears, mild to moderate foraminal narrowing at C3-4 and C6-7, end plate edema at C5-6 and left facet edema at C3-4. She has had epidural steroid injections and physical therapy. A request was made for ultrasound guided myofascial trigger point injections up to 6 in 1 session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided myofascial trigger point injections up to 6 in 1 session: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Request Ultrasound guided myofascial trigger point injections up to 6 in 1 session. Per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: (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." Per the records provided patient had neck pain with radiation to the arms. The cited guidelines do not recommended trigger point injections for patient with radiculopathy. In addition, per the records provided patient has had physical therapy and epidural steroid injections for this injury. A documentation of failure of these measures was not provided in the medical records submitted. In addition this request is for up to 6 trigger point injections and cited guidelines do not recommend more than 3-4 injections per session. The medical necessity of Ultrasound guided myofascial trigger point injections up to 6 in 1 session is not fully established for this patient.