

<b>Case Number:</b>	CM15-0098160		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	08/25/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old woman sustained an industrial injury on 8/25/2012 after hitting her head on the arm of a patient light. Evaluations include an undated cervical spine MRI. Diagnoses include chronic pain, post-concussion syndrome, myalgia and myositis, cervicgia, and tension headache. Treatment has included oral medications and physical therapy. Physician notes dated 4/27/2015 show complaints of cervical spine and head pain rated 6/10. The worker has received trigger point injections during this visit. Recommendations include Flexeril, physical therapy, and follow up in five to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections x 2 - Neck: 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), Neck and upper back - Trigger point injections.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, page 122, Trigger Point Injections, recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Criteria for the use of Trigger point injections: 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. (Colorado, 2002) (BlueCross BlueShield, 2004) Within the documentation available for review, there is physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. This is documented in a progress note from 4/27/15. However, the MRI of the cervical spine notes disc bulges that minimally distort the spinal cord at C4, C5 levels & the patient complains of numbness radiating to arms. CA MTUS require that radiculopathy not be present via exam, imaging, or other testing. The requested trigger point injections are not medically necessary given these factors.