**PROCEDURE Note: (side) Cervical trigger point injections under ultrasound guidance**

**Name:** **Demo Demo1 Date:** **09/16/2020**

**Location:** **3910 Church Ave office. DOB:** **01/01/2000**

**Diagnosis:** Myofascial pain syndrome M79.1, Myofascial trigger point M79.1, Muscle Spasms

**Procedure:** Trigger point injection of the  muscle(s):

**Technique:** After obtaining informed consent, the patients muscle(s) were palpated for the painful area of complaint.

An exquisitely painful area of the above muscles was detected. Palpation over this taut band of muscle caused a twitch response and a referred pain pattern. At this time, the area was marked and sprayed with topical ethyl chloride. The medication combination below was drawn using a 22 gauge 1 ½ inch needle. The skin was prepped and a 27 gauge 1 1/4 inch needle replaced the 22 gauge needle, which was then introduced through the skin and subcutaneous tissues down into the taut band of muscle. After aspiration to make sure that the needle was not inside a vessel, a mixture of the following medication was injected in the above trigger point regions.

**2 ml\_ of 1% lidocaine 1mL of toradol 30 mg/mL**

**1 ml of dexamethasone 4 mg/ml 2 ml 0.25% Marcaine**

The mixture was injected after **aspiration was negative for blood or air. The ultrasound machine was also used to visualize the medication going past the adipose tissue and into the muscles to avoid any vulnerable areas such as arteries, veins and nerves**. After aspiration to make sure that the needle was not inside a vessel, a mixture of the following medication was injected in the above trigger point regions. As no fluid was aspirated out, no sample was sent to the lab for cytology.

The patient tolerated the procedure well and was discharged without complications. This should stand for the letter of medical necessity for the requested procedure.

lic