

<b>Case Number:</b>	CM13-0016324		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/25/2007
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old female who reported an injury on 01/25/2007 after falling out of her chair and landing backwards, causing injury to her low back and left elbow. The patient was previously evaluated by a spinal surgeon; however, it was determined that the patient was not a surgical candidate. The patient underwent an MRI of the cervical spine that revealed a disc protrusion at the C4-5 and C5-6 levels with indentation of the thecal sac. The patient's most recent clinical examination findings included left-sided straight leg raising test positive, and right-sided cervical myofascial pain. It was noted that the patient had decreased bilateral upper extremity sensation in the C5-6 dermatomes with a positive Spurling's test and tenderness to palpation over the paravertebral musculature and trapezius with active trigger points. The patient's treatment plan included trigger point injections of the right suboccipital muscle and a referral to a rheumatologist and pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Local trigger point injection of rt suboccipital muscle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The requested local trigger point injection of Rt suboccipital muscle is not medically necessary or appropriate. The patient does have active trigger points along the right suboccipital musculature. The California Medical Treatment Utilization Schedule recommends trigger point injections when there is a circumscribed trigger point with evidence upon palpation of a twitch response, as well as referred pain. The clinical documentation does not provide any objective evidence to support a circumscribed trigger point with evidence upon palpation to a twitch response, as well as referred pain. The clinical documentation submitted for review does not specifically address whether any conservative treatments such as physical therapy, stretching, muscle relaxants, or NSAIDs have failed to control the suboccipital pain. Additionally, the clinical documentation submitted for review does clearly identify radicular pain. California Medical Treatment Utilization Schedule does not recommend trigger point injections in the presence of radiculopathy. As such, the requested local trigger point injection of Rt suboccipital muscle is not medically necessary or appropriate.

**Evaluation with a pain management specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163.

**Decision rationale:** The requested evaluation with a pain management specialist is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends a specialty consultation when a patient's treatment plan would benefit from additional expertise. The documentation submitted for review provides evidence that the patient was previously approved for an evaluation with a pain management specialist. However, the results of that evaluation were not submitted for review. Therefore, an additional evaluation with a pain management specialist would not be indicated. As such, the requested evaluation with a pain management specialist is not medically necessary or appropriate.