

<b>Case Number:</b>	CM13-0017292		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 47-year-old male who was injured on 06/04/2012, when scaffolding collapsed, and caused him to fall and sustained a neck sprain. The prior treatment history has included medication therapy, including hydrocodone, ibuprofen, and muscle relaxers, which the patient stated he was not currently taking. Diagnostic studies reviewed include CT scan of the brain and x-rays; MRI of neck done on 08/06/2012; electromyography (EMG), which was completed on 12/04/2012; and electroencephalography (EEG), which was completed on 01/09/2013. The Doctor's First Report, dated 05/21/2013 revealed on exam that his cervical spine showed no gross deformities; and range of motion (ROM) was decreased throughout the cervical spine in all planes due to pain. He has palpation to tenderness throughout the posterior cervical spine and paraspinals, with paravertebral muscle spasms; and the myofascial test revealed trigger points with taut bands in the posterior cervical paraspinals with twitch responses. His motor strength was normal throughout the upper and lower extremities; and the sensory exam revealed a mild decrease in light touch and pinprick sensation in the hand, without specific dermatome distributions. The reflexes were equal and symmetrical in all extremities; there was a negative Hoffman and Clonus. The patient was recommended to begin physical therapy two (2) times per week for six (6) weeks for his cervical spine for modalities, therapeutic exercises, and myofascial release. The Physical and Occupational Therapy note, dated 07/26/2013 indicated that the patient has had seven (7) visits total between the dates of 06/21/2013 and 07/26/2013. For the remaining five (5) visits, there are no supporting documented therapy notes. The patient has been seen during (5) visits from July 24, 2013. He has shown improvement since initial evaluation. He has increased ROM and strength, and increased function. He needs further increases in ROM and strength in order to return him to his prior level of function. He is independent with his home exercise program, and is meeting all goals. The progress report

(PR2) dated 08/01/2013, indicated that the patient was in for a work injury for the head, neck and left upper extremity. He continues to have neck pain that is limiting his function. He was able to undergo a few sessions of physical therapy, but his authorization has expired. The pain is rated at pain score of 5-6/10. Objective findings on exam revealed his cervical spine showed no gross deformities; the ROM was decreased throughout the cervical spine in all planes, due to pain. He has palpation to tenderness throughout the posterior cervical spine and paraspinals with paravertebral muscle spasms; and the myofascial test revealed trigger points with taut bands in the posterior cervical paraspinals with twitch responses. On neurological exam, he had normal speech, language, affect and sensorium; pupils equal and equally reactive to light (PEERL), extra ocular muscles intact (EOMI), facial sensation is equal in all three (3) distributions of the trigeminal nerve, and facial movements are symmetric. His motor strength is normal throughout the upper and lower extremities. The sensory was mildly decreased in light touch and the pinprick sensation in the hands, without specific dermatomal distribution; reflexes were equal and symmetrical in all extremities; and negative Hoffman and Clonus. The patient was diagnosed with 1) Sprain of the neck; 2) Head injury non-closed; 3) pain in limb-arm; and 4) Post-concussion syndrome.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TRIGGER POINT INJECTIONS TIMES 2 FOR THE NECK: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

**Decision rationale:** The Chronic Pain Guidelines indicate that trigger point injections are recommended only for myofascial pain syndrome, but are not recommended for radicular pain. The patient meets guideline criteria for trigger point injections times two (2) to the neck. The trigger points are documented of cervical musculature, with twitch response and pain. The symptoms have persisted for more than three (3) months. The patient has not had lasting improvement from physical therapy of at least six (6) visits, or from medications. While there are complaints of radiating pain and numbness in the upper extremities, there is no nerve impingement on the MRI, which done on 8/6/12. There was definitive cervical radiculopathy on the electromyography/nerve conduction study (EMG/NCS) done on 12/4/12. There was dermatomal radiculopathy on the physical examination. Trigger point injections do not appear to have been done previously for this injury. Therefore, trigger point injection times two (2) for the neck is certified.