

<b>Case Number:</b>	CM13-0018608		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/03/2004
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Physical Medicine and Rehabilitation 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.

### 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 66-year-old female who reported an injury on 11/03/2004 and on 10/06/1999. The mechanism of injury was noted as a repetitive use injury caused by the patient working as a receptionist, answering phones and taking messages. The patient has already undergone approximately 20 sessions of physical therapy directed to her right shoulder region in 2008. The documentation notes the patient has undergone an EMG/nerve conduction velocity study, as well as an MRI study of the cervical spine. However, there is no documentation supplying any kind of report regarding the results of either of these tests. The most current documentation dated 08/08/2013 notes the patient is having tenderness to the cervical paraspinals and the right upper trapezius muscles to palpation. The patient also has positive triggering in the right upper shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Trigger Point Injection Right Upper Trapezius: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, the criteria for a trigger point injection includes documentation of circumscribed trigger points with evidence upon

palpation of a twitch response as well as referred pain, symptoms that have persisted for more than three months, medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present; not more than 3 to 4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement; frequency should not be at an interval less than 2 months; trigger point injections with any substance, for example: saline or glucose, other than local anesthetic with or without steroid are not recommended. As the patient has been noted to have exhausted all other forms of conservative modalities and with her ongoing complaint of pain in her upper trapezius area or her right shoulder, the use of a trigger point injection is considered appropriate in the patient's case to help reduce her pain and discomfort. The request for a trigger point injection to the right upper trapezius is medically necessary and appropriate.