

<b>Case Number:</b>	CM13-0030117		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/04/1997
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Anesthesiologist and Pain Management, and is licensed to practice in Florida. 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 03/04/1997 due to cumulative trauma while performing normal job duties. The patient ultimately developed chronic cervical spine pain that was previously treated with physical therapy, medications, and epidural steroid injections. The patient's most recent clinical examination findings included restricted range of motion of the cervical spine secondary to pain, tenderness to palpation along the midline paraspinal musculature with multiple trigger point injections with pain radiating out from pinpointed areas along the trapezius, supraspinatus, and rhomboid muscles. It was also noted that there is reduced sensation to light touch in the medial and lateral aspects of the right arm and forearm with a positive Phalen's sign on the left side, and limited range of motion of the left shoulder. The patient's diagnoses included cervical degenerative disc disease with radiculitis, cervical facet arthropathy without myelopathy, chronic pain syndrome, and depression. The patient's treatment plan included continuation of medications, participation in a home exercise program, and trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections in the Cervical Spine:** Upheld

**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 requested trigger point injections to the cervical spine are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has palpable trigger points with pain radiation from these spots. California Medical Treatment Utilization Schedule does not recommend the use of trigger point injections in a patient with documented radiculopathy. The clinical documentation submitted for review does provide evidence that the patient does have clinical findings to include disturbed sensation in the right arm and a 50% sustained pain relief response to a prior cervical epidural steroid injection. As the patient's radicular complaints have not been completely resolved, trigger point injections would not be supported by guideline recommendations. As such, the requested trigger point injections to the cervical spine are not medically necessary or appropriate.

**X-ray of the Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Radiography (x-rays) section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested x-ray of the cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient has cervical spine pain and radiculopathy. However, the American College of Occupational and Environmental Medicine only recommends imaging studies in the presence of progressive symptoms and indications of red flag diagnoses. The clinical documentation submitted for review does not support that the patient has had a significant progression in symptoms or any indications of red flag conditions that would support the need for an imaging study. Therefore, an x-ray would not be medically necessary or appropriate.