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| <b>Case Number:</b>   | CM13-0032995 |                              |            |
| <b>Date Assigned:</b> | 12/06/2013   | <b>Date of Injury:</b>       | 03/09/1998 |
| <b>Decision Date:</b> | 01/31/2014   | <b>UR Denial Date:</b>       | 09/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2013 |

### 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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of March 9, 1998. A utilization review determination dated September 24, 2013 recommends noncertification of trigger point injections. A progress report dated September 11, 2013 include subjective complaint stating, "just persistent neck pain and right trapezius pain. She has frequent headaches. She is happy that her medications have finally been authorized. She is requesting a trigger point injection that has been helpful for reducing flareups which she is currently having." Objective examination findings identify, "there [sic] trigger point X2 on right trapezius and right [sic] cervical parispinous [sic]." Diagnoses include, "pain in joint shoulder, cervical spondylosis without myelopathy, degeneration cervical disc, and neck pain." Current treatment plan states, "she has had some return in right trapezius pain which was released and decreased with the trigger point injections in the past, for about 4 weeks. She is requesting that this be repeated." The note goes on to state, "she does have trigger points on physical exam particularly around the right cervical paraspinous and right trapezius." Treatment plan goes on to recommend continuing medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Trapezius and Right Cervical Paraspinous Trigger Point Injection QTY: 4.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.  
Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states the trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. In the absence of such documentation, the requested trigger point injections are not medically necessary.