

<b>Case Number:</b>	CM13-0040525		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 49 year old male with a date of work injury 7/8/11. The patient's complaints include neck pain, mid back pain, right shoulder pain, right hip pain and headaches. The current diagnosis includes cervical musculoligamentous sprain/strain with right upper extremity radiculitis, thoracic musculoligamentous sprain/strain, right shoulder sprain/strain and impingement, right hip bursitis and post-traumatic headaches. His last date of work was July 8, 2011. There is a request for repeat trigger point injection to cervical spine. Per 9/27/13 QME Patient recalls having received a total of three trigger point injections to the cervical area. The first injection was not effective, only relieving pain for a couple of days. The second injection relieved the pain for two weeks. However, he had residual numbing sensation in the right upper back region, which he described as a tension sensation. The third injection was unchanged from the second injection and relieved the pain for two weeks. The last injection was received sometime in March/April, 2013. The 9/27/13 Qualified Medical Evaluation Medical Record Review revealed that per 1/10/13; 3/19/13; 6/4/13; and 7/2/13 office follow ups revealed that the patient complained on each visit of stabbing neck and shoulder pain that radiates down RUE. The 7/2/13 office visit revealed right shoulder atrophy and 3/19/13 office visit also revealed tingling in the fingertips. A 12/23/13 Primary treating physician progress report is slightly illegible but reveals patient still has neck pain and trouble sleeping. There is a diagnosis of cervical musculoligamentous strain/sprain with right upper extremity radiculopathy. Objective findings are difficult to read but reveal on cervical exam tenderness of the cervical paraspinal muscles, decreased cervical range of motion, and pain with compression. A 10/10/13 Medical examination of the cervical spine reveals tenderness to palpation with mild spasm and muscle guarding over the paraspinal musculature, right side greater on the left and over the right upper

trapezius muscle. A myofascial trigger point is present in the right upper trapezius muscle. The neurological examination reveals that sensation to pinprick and light touch in the right upper extremity is decreased in a patchy nondermatomal pattern. No muscle weakness is noted in the major muscles tested in the bilateral upper extremities. The biceps, triceps and brachioradialis reflexes are 1+ bilaterally. There is a diagnosis of cervical musculoligamentous sprain/strain with right upper extremity radiculitis. Based on MRI of the cervical -spine that was taken on 7/2011: At C5/6 and C6/7 there are small broad based posterior disc bulges. There is a mild right foraminal narrowing at C5/6 due to right uncovertebral disc/osteophyte complex.

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

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

**Repeat trigger point injection to cervical spine:** Upheld

**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 Trigger Point Injections Section Page(s): 122.

**Decision rationale:** A repeat trigger point injection to the cervical spine is not medically necessary per MTUS guidelines. Per guidelines there should be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The records do not indicate that the results of the most recent trigger point injection to the cervical spine have provided greater than 50% pain relief for 6 weeks. Additionally there is no documented evidence of functional improvement such as a return to work. A repeat trigger point injection to cervical spine is not medically necessary.