

<b>Case Number:</b>	CM13-0044560		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	02/17/1991
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York & Texas. 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 injured worker is a 58 year old female injured on 02/17/91 due to undisclosed mechanism of injury. Current diagnoses included cervical facet joint disease, cervicgia, post-cervical laminectomy syndrome, trigger points to bilateral upper trapezius muscle times four, and muscle spasm. Clinical note dated 09/03/13 indicated the injured worker presented complaining of chronic neck pain, bilateral shoulder pain, and posterior headaches. The injured worker also complained of increased muscle spasm to her neck with radiation to bilateral shoulders with increased posterior headache. The injured worker had temporary response of approximately 70-80% after cervical medial branch nerve block. The injured worker reported significant relief with cream that was provided which included Ketoprofen, cyclobenzaprine, capsaicin, menthol, and camphor. Treatment plan included request for bilateral C4, C5, and C6 medial branch nerve radiofrequency ablation, bilateral trigger point injections times four to bilateral upper trapezius, medication management including Restoril, tramadol, Neurontin, Elavil, and cyclobenzaprine. The initial request for prospective request for four trigger point injections for the left upper trapezius between 10/10/13 and 11/24/13 was initially not recommended on 10/17/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 4 TRIGGER POINT INJECTIONS FOR THE LEFT UPPER TRAPEZIUS BETWEEN 10/10/2013 and 11/24/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

**Decision rationale:** As noted on page 122 of the Chronic Pain Medical Treatment Guidelines, trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); not more than 3-4 injections per session; 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; and frequency should not be at an interval less than two months. Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. There were no objective findings provided to establish the presence of trigger points substantiating the medical necessity of the requested procedure. As such, the request for prospective request for 4 trigger point injections for the left upper trapezius between 10/10/2013 and 11/24/2013 cannot be recommended as medically necessary.