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| <b>Case Number:</b>   | CM13-0049706 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 08/10/2007 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 10/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/08/2013 |

### 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 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 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:

This 59 year-old custodian sustained an injury on 8/10/07 from opening a door when caught by some wind while employed by [REDACTED]. Request(s) under consideration include Trigger Point Injections to the Left Upper Trapezius and Levator Scapulae. Diagnoses include cervicalgia s/p surgery; cervical neuritis/ brachial neuritis; lateral epicondylitis; elbow/forearm sprain; and myalgia and myositis. The patient is s/p cervical surgery (undated); s/p carpal tunnel release; s/p spinal cord stimulator placement on 3/19/13. Conservative care has included physical therapy, trigger point injections, medications, SCS, and modified activities/rest. Medications list Gabapentin, Tizanidine, Citalopram, Omeprazole, Cyanocobalamin, levocetirizine, trazodone. Report of 10/10/13 from the provider noted the patient with ongoing recurrence of chronic neck and left upper back pain. The patient had recent trigger point injections with 80% relief for 5 months with noted pain rated at 2/10. Current medications provide 50% adequate pain relief. Exam showed cervical spine with normal range; limited left shoulder abduction; mild tenderness at subacromial and bicipital area; mild tenderness at lateral left epicondyle; trigger points over left upper trapezius and levator scapular; surgical scar over right lower back with minimal tenderness of medial area due to protrusion; diffuse motor weakness of left upper extremity with 4/5 grade; negative Spurling's; equal sensation; equivocal impingement at left shoulder. Appeal of 11/21/13 noted patient with 80% relief for 6 months duration following prior TPI; however, peer reviewer noted no functional improvement documented. The request(s) for Trigger Point Injections to the Left Upper Trapezius and Levator Scapulae was non-certified on 10/25/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTIONS TO THE LEFT UPPER TRAPEZIUS AND LEVATOR SCAPULAE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 122

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Page(s): 122.

**Decision rationale:** This 59 year-old custodian sustained an injury on 8/10/07 from opening a door when caught by some wind while employed by [REDACTED]. Request(s) under consideration include Trigger Point Injections to the Left Upper Trapezius and Levator Scapulae. Diagnoses include cervicalgia s/p surgery; cervical neuritis/ brachial neuritis; lateral epicondylitis; elbow/forearm sprain; and myalgia and myositis. The patient is s/p cervical surgery (undated); s/p carpal tunnel release; s/p spinal cord stimulator placement on 3/19/13. Conservative care has included physical therapy, trigger point injections, medications, SCS, and modified activities/rest. Medications list Gabapentin, Tizanidine, Citalopram, Omeprazole, Cyanocobalamin, levocetirizine, trazodone. Report of 10/10/13 from the provider noted the patient with ongoing recurrence of chronic neck and left upper back pain. The patient had recent trigger point injections with 80% relief for 5 months with noted pain rated at 2/10. Current medications provide 50% adequate pain relief. Exam showed cervical spine with normal range; limited left shoulder abduction; mild tenderness at subacromial and bicipital area; mild tenderness at lateral left epicondyle; trigger points over left upper trapezius and levator scapular; surgical scar over right lower back with minimal tenderness of medial area due to protrusion; diffuse motor weakness of left upper extremity with 4/5 grade; negative Spurling's; equal sensation; equivocal impingement at left shoulder. Appeal of 11/21/13 noted patient with 80% relief for 6 months duration following prior TPI; however, peer reviewer noted no functional improvement documented. The request(s) for Trigger Point Injections to the Left Upper Trapezius and Levator Scapulae was non-certified on 10/25/13. Examination of the cervical spine show decreased range of motion with left upper trapezius and levator scapular muscle trigger points; however, there is no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Per MTUS Chronic Pain Treatment Guidelines, criteria for the use of Trigger point injections also include no repeat injections unless there is a greater than 50% pain relief obtained for at least six weeks after an injection. Although the provider noted 80% relief of 5-6 months, there is no documented evidence of functional improvement in terms of increased ADLs and work status, decreased medication profile/ dosing and decreased medical utilization not evident here. The patient has no report of acute flare-up, new injuries, or change in symptoms and clinical findings to support repeating the injections. The Trigger Point Injections to the Left Upper Trapezius and Levator Scapulae is not medically necessary and appropriate.