

<b>Case Number:</b>	CM13-0051741		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/22/2005
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 & Rehabilitation and is licensed to practice in 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 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 42 year old male who reported an injury on 12/23/2005. The mechanism of injury was reported that a very heavy object weighing several hundred pounds fell on his head. The clinical note dated 11/13/2013 states the patient complains of severe headaches and muscle skeletal spasm, complained of more migraines. The patient is noted to have almost perfect range of motion in his neck. The patient is exercising on his own and that his sleep is disturbed. The patient was given new prescription for the migraines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections per PR-2, quantity of 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The request is non-certified. The patient has near full range of motion to his neck and his history of radiating pain resolved as of 11/13/2013 even though his migraines continue. The patient is now taking midrin for his migraines. The California MTUS guidelines state 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 patient had documented improvement for only 2 ½ weeks after previous injections in the medical record. The patient has documented near perfect range of motion and is exercising on his own on the clinical note dated 11/13/2013. Therefore the request is non-certified.