

<b>Case Number:</b>	CM13-0052003		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/31/2009
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	11/07/2013
<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 Family Practice, 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 33-year-old female who reported an injury on 09/13/2009 due to cumulative trauma while performing normal job duties that reportedly caused injury to her neck and back. Previous treatments have included chiropractic care, deep tissue massage, trigger point injections, physical therapy, acupuncture, and medial branch blocks of the cervical spine. The patient's most recent clinical evaluation revealed that the patient had cervical spine pain rated at 7/10 with medications and a 6/10 to 7/10 without medications. Physical findings included tenderness to palpation over the cervical paraspinal musculature at the C5-6 level bilaterally and the bilateral trapezius with reduced range of motion of the cervical spine due to pain. The patient's diagnoses include neck pain, cervical pain, numbness of the face, myofascial pain, and pain of the cervical facet joints. The patient's treatment plan included continuation of medication and chiropractic care. A psychological evaluation was also recommended. Trigger point injections were performed as previous trigger point injections appeared to provide the patient with some functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review of Trigger point injections: bilateral trapezius and bilateral C5-6 paraspinal muscles Lidocaine 10/21: Upheld**

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

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

**Decision rationale:** The requested trigger point injections for the bilateral trapezius and bilateral C5-6 paraspinal muscles with lidocaine on 10/21/2013 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat injections be based on 50% symptom relief and documentation of specific functional improvement. The clinical documentation submitted for review does not provide any quantitative measures to support the efficacy of prior treatments. Therefore, additional trigger point injections would not be supported by guideline recommendations. As such, the requested trigger point injections for the bilateral trapezius and bilateral C5-6 paraspinal muscles with lidocaine on 10/21/2013 are not medically necessary or appropriate.