

<b>Case Number:</b>	CM13-0056663		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Interventional Spine 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:

The patient is a 48 year old male with an injury date on 04/08/05. Based on the 08/22/13 progress report provided by [REDACTED], the patient's diagnosis include neck pain which radiates to the bilateral upper extremities, increased tone and pain to palpation of the splenius capitis, splenius cervicis, trapezius and rhomboids muscles noted in the musculature of the head and neck. [REDACTED] requests for a trigger point injections to the cervical spine.

### 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 cervical spine:** 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 Trigger Point Injections Page(s): 122.

**Decision rationale:** The request is for trigger point injections to the cervical spine. The 01/19/13 progress report states that the patient has previously had trigger point injections (no specific date mentioned) which relieved his neck pain for 3 weeks. According to MTUS guidelines, repeat injections are not recommended unless 50% reduction of pain relief is obtained for 6 weeks

following an injection and there is documented evidence of functional improvement. In this case, there was no documentation of greater than 50% reduction of pain with functional changes. Recommendation is for denial.