

<b>Case Number:</b>	CM13-0057816		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Illinois. 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 57-year-old female who report an injury on 03/07/2002 after she was ducking under a divider at a gate, which caused a catch in her neck. The injured worker's treatment history included fusion surgery from the C5 to the C7, trigger point injections, and medial branch blocks. The injured worker was evaluated on 07/09/2013. It was documented that the injured worker had axial neck pain, complaints of muscle pain and tightness throughout the neck and bilateral shoulder blades. It was noted that the injured worker had undergone trigger point injections in the past with good benefit. Physical findings included bilateral myofascial tenderness to the paracervical and upper trapezius and midlevel scapula musculature with no evidence of neurological deficits. The injured worker's diagnoses included cervical facet mediated pain and cervical myofascial pain. The injured worker's treatment plan included a medication refill. A procedure note dated 08/80/2013 documented that a total of 18 trigger points were identified over 6 muscle groups in the bilateral cervical paravertebral, medial trapezius, and medial scapular areas. It also documented that the injured worker was participating in a self-directed stretching and exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION, 1-2 INJECTION PER MUSCLE QTY: 12:** Upheld

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

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

**Decision rationale:** The requested trigger point injections, 1 to 2 injections per muscle, quantity 12 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat injections be based on documentation of significant pain relief and functional benefit. The clinical documentation does indicate that the injured worker underwent trigger point injections of 06/2012. However, a quantitative assessment of pain relief and specific evidence of functional benefit were not provided. Additionally, California Medical Treatment Utilization Schedule does not support the application of more than 4 injections in any given session. The requested 12 injections exceed the recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested trigger point injections, 1 to 2 injections per muscle, quantity 12 are not medically necessary or appropriate.