

<b>Case Number:</b>	CM13-0061173		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 67-year-old female who reported an injury on 04/26/2006. The mechanism of injury was not provided in the medical records. The patient is diagnosed with chronic pain syndrome. The patient's symptoms include pain in her neck and low back. Her objective findings included muscle spasms all over her body and neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The retrospective (DOS 9/19/13) 18 Trigger Point Injection to the Cervical and Thoracic area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended for myofascial pain syndrome, but not for patients with radicular pain. The criteria for trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, persistent symptoms for more than 3 months, other therapies have not controlled pain, radiculopathy is not

present by exam, imaging, or neuro testing, and no more than 3 injections to 4 injections per session. The clinical information submitted for review indicates that the patient has chronic pain syndrome with muscle discomfort and spasm. However, her physical examination prior to her trigger point injections on 09/19/2013 failed to show evidence of circumscribed trigger points with a twitch response and referred pain upon palpation. Moreover, the request for 18 trigger point injections exceeds the guidelines' limit of 3 injections to 4 injections per session. For these reasons, the patient does not meet the criteria for trigger point injections. Therefore, the request for retrospective 18 trigger point injections to the cervical and thoracic area (DOS: 9/19/13) is non-certified.