

<b>Case Number:</b>	CM13-0069643		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/18/2007
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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, 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 57 year old male with date of injury 5/18/07. The treating physician report dated 12/12/13 indicates that the patient presents with pain affecting the right trapezius. The current diagnoses are Myofascial Pain Syndrome, cervical strain, status post anterior cervical discectomy 2008, right cervical radiculopathy. The utilization review report dated 12/20/13 denied the request for 4 trigger point injections to the right trapezius with ultrasound guidance based on the rationale that previous response to TP injections was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRIGGER POINT INJECTIONS TO RIGHT TRAPEZIUS X4 (WITH ULTRASOUND GUIDANCE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Alternate guideline Ultrasound-guide Trigger Point Injection online version ([www.ncbi.nih.gov/pubmed/19057634](http://www.ncbi.nih.gov/pubmed/19057634)).

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

**Decision rationale:** The patient presents with chronic pain affecting the right upper trapezius musculature. In reviewing the treating physician's initial report on 11/6/13 it indicates that the patient has not received any care over the past 2 years. Examination findings include, "There is tenderness in the right paracervical muscles. There is tenderness in the right trapezius muscles. There is tenderness in the right rhomboid muscles. There are muscle spasms and trigger points to the right trapezius muscles. There is decreased sensation in the right ventral aspect of the thumb and 1st two and half digits. There is normal strength to bilateral deltoid, biceps, triceps, wrist extensor, and wrist flexors; however, there is decreased right grip strength vs. the left. There is positive right Spurling's sign." The MTUS Guidelines state, "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing)." In this case the treater has not documented any twitch response or referred pain upon palpation. The treater has also documented that the patient has right cervical radiculopathy with positive examination findings of radiculopathy. The MTUS criteria for trigger point injections states that all criteria must be met. Request is not medically necessary.