

<b>Case Number:</b>	CM13-0072591		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 36 year old female with a date of injury on 6/15/2011. Diagnoses include repetitive strain of upper extremities, cervical strain, headaches, right carpal tunnel syndrome, and right triangular fibrocartilage complex pain. Subjective complaints include worsening pain in the arm and worsening headaches and depression. Physical exam showed myofascial trigger points with twitch response in the levator, trapezius, and rhomboid muscles. There was also tenderness and trigger points of the scalene muscles, with decreased cervical range of motion. Neurologic exam showed normal upper extremity sensation and strength. Medications include Cymbalta 40 mg daily, which had been discontinued and symptoms worsened. Plan was to resume the use of Cymbalta. Previous treatments have included an occipital nerve block with improvement of headaches for 8 weeks. Patient has had right trapezius trigger point injections on 6/21/13, 7/26/13 and 9/24/13. Following last trigger point injection, decreased pain over 50%, and increased range of motion was documented on 10/11/13. There was improvement in activities of daily living, but no change in typing, mousing capacity or driving and sitting tolerances.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE (3) TRIGGER POINT INJECTIONS INTO THE RIGHT TRAPEZIUS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 22.

**Decision rationale:** CA MTUS guidelines recommend trigger point injections for myofascial pain when trigger points are identified, symptoms have persisted for more than 3 months, and conservative treatments have failed including NSAIDS and muscle relaxants. Further criteria include no evidence of radiculopathy, and frequency of injections should not be greater than two months. Repeat injections are not recommended unless greater than 50% pain relief is obtained for six weeks and there is documented functional improvement. For this patient, repeat trigger points were administered at intervals of less than 2 months and did not document relief for the guideline recommended 6 weeks. Based on these reasons, the patient is not a candidate for trigger point injections. The medical necessity of this modality has not been established.