

<b>Case Number:</b>	CM14-0008767		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	06/05/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 63 year-old female who was injured on 6/5/11. She has been diagnosed with neck pain, scapular pain and bilateral shoulder pain with numbness and tingling in the bilateral upper extremities. Electrodiagnostic evidence exists for right carpal tunnel syndrome and bilateral upper extremity tendinitis, and there is MRI evidence of C5-6 disc osteophyte complex with mild central canal narrowing. There is also clinical evidence of left C7 radiculopathy. According to the 12/10/13 physiatry report from [REDACTED], the patient presents with increasing neck pain. The request for topical creams was denied. She continues to work full time. On exam, Spurlings was positive. Trigger points with spasm in bilateral upper trapezius, cervical paraspinals, and rhomboids were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL TRIGGER POINT INJECTION ( 2 SETS, USING MARCCAIN/XILOCAINE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CHRONIC PAIN, 122

**Decision rationale:** The MTUS guidelines have specific criteria for trigger point injections. Criteria include documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. There was no documentation of twitch response or referred pain. The MTUS also states that radiculopathy cannot be present (by exam, imaging, or neuro-testing) in order to perform trigger point injections, but the physician states the patient has C7 radiculopathy which is confirmed by clinical exam findings, including Spurling's test. The patient has not met all the MTUS requirements for trigger point injections. As such, the request is not medically necessary.