

<b>Case Number:</b>	CM14-0009393		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/17/1998
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 61-year-old female who was injured on April 17, 1998. A progress note dated November 21, 2013 indicates the claimant presents with complaints of neck stiffness worse on the left. The physical exam findings document a cervical surgical scar from a previous fusion, limited cervical range of motion, and trigger points pain. The clinician requested authorization for a trigger point injection. The previous clinical documentation from September 12, 2014, indicates similar complaints and a prescription for solid rocks being provided. There is no documentation indicating how the claimant responded to this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRIGGER POINT INJECTION FOR THE LEFT SIDE OF THE NECK AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER ON CERVICAL & THORACIC SPINE DISORDERS,

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

**Decision rationale:** The clinician fails to document the criteria for proceeding with a trigger point injections as outlined by the MTUS. Specifically, there is no documentation of a 2nd circumscribed trigger point with palpation of a twitch response as was referred pain, no indication of symptoms have persisted for more than 3 months, and no indication as to how the claimant responded to previous treatments. As such, the request is considered not medically necessary.