

<b>Case Number:</b>	CM14-0017159		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 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 54 year old female who was injured from 09/01/2011 through September 28, 2012. On September 28, 2012, the patient was getting up from a seated position at work when she felt a pop in her back followed by pain in her left hip radiating to the left leg. Prior treatment history has included physical therapy. She received chiropractic treatment and an epidural injection without benefit. Diagnostic studies reviewed include MRI scan in January 2013 reveals some broad-based disc protrusions with degeneration. Office note dated 12/11/2013 states the patient developed an onset of pain in her neck and shoulders. She reports constant neck pain. On inspection of the neck, there were no wounds, incisions, or scars. There was normal lordosis and head level; conversation and head movement were normal; and posture was normal. There were no paraspinal muscle spasms. There was tenderness of the paracervical or midline. She has vague complaints of trapezius pain, but no localizable tenderness. Neck range of motion is within normal limits. When performing range of motion of the neck and shoulder, she complains of thoracic spine pain. Trigger point injections are recommended to the neck, lower back, and mid thoracic paraspinal muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TRIGGER POINT INJECTION TO THE NECK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the MTUS ACOEM, 2nd Edition, <https://www.acoempracguides.org/cervical> and thoracic spine. Low Back Disorders.

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

**Decision rationale:** As per CA MTUS guidelines, trigger point injections are recommended only for myofascial pain syndrome and not recommended for radicular pain. Further guidelines indicate that these injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. In this case, the most recent medical records document essentially normal physical exam findings with no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The request for 1 trigger point injection to the neck is not medically necessary and appropriate.