

<b>Case Number:</b>	CM14-0019386		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 52 year old female who reported an injury of unknown mechanism on 08/05/2012. In the clinical note dated 01/05/2014, the injured worker reported pain that remained unchanged as well as neck pain and bilateral radicular pain. It was documented that the she utilized Norco 10/325mg on average 5/day. The injured worker's work status was noted as on disability since 01/03/2012. It was also documented that no authorization for injections had been received. The physical examination revealed tenderness and tightness in the cervicothoracic muscles bilaterally with reduced active range of motion. The neurological examination showed intact normal upper limb, reflexes, sensory exam, and manual muscle testing. The treatment plan included a discussion of using long acting oral analgesic such as OxyContin and a suggestion of seeing a chronic pain specialist. The injured worker was to return to the clinic in 2 months and to continue on temporary total disability. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION (NECK/UPPER BACK) QTY: 1.00:** Upheld

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

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

**Decision rationale:** The request for trigger point injection (neck/upper back) quantity 1 is non-certified. The California MTUS guidelines state that trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Trigger point injections are recommended when the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical note stated that the injured worker presented with bilateral radicular pain. The guidelines do not recommend trigger point injections when radicular pain is present. Also, the guidelines state that documentation of positive twitch response as well as referred pain should be met for qualifying criteria for trigger point injections. The clinical note lacked documentation of any positive twitch responses or referred pain. The physical examination documented an intact normal neurological examination. The guidelines state that symptoms should be documented as persisting for more than 3 months; the clinical note did not address how long and when the pain began. Therefore, the request for trigger point injection (neck/upper back) quantity 1 is non-certified.