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| <b>Case Number:</b>   | CM14-0152098 |                              |            |
| <b>Date Assigned:</b> | 09/22/2014   | <b>Date of Injury:</b>       | 11/09/2012 |
| <b>Decision Date:</b> | 11/19/2014   | <b>UR Denial Date:</b>       | 09/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2014 |

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 49 years old male with date of injury of 11/9/2012. A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the cervical spine. Subjective complaints include continued 4/10 pain in his neck radiating to his right upper extremity. Objective findings include limited range of motion of the cervical spine with minimal discrete trigger points over the neck and shoulders; an EMG showed cervical radiculopathy. Treatment has included TENS unit, home exercise and Advil. The utilization review dated 9/15/2014 non-certified four cervical trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Trigger Point Injections x4 cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS guidelines states that there must be documentation of 50% improvement in function following trigger point injections for injections to be repeated. They are not supported in individuals with radicular pain complaints. Physical examination findings must

document circumscribed trigger points with evidence upon palpation of the twitch response, as well as referred pain. The claimant is noted to have radicular pain complaints in the right upper extremity and the physical examination findings are not within treatment guideline recommendations since the medical documentation mentions minimal discrete trigger points. Additionally, there is no mention of a twitch response or referred pain. Therefore, the request for trigger point injections retroactively is not medically necessary.