

<b>Case Number:</b>	CM14-0165699		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	12/30/2003
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 injured worker is a 73 year old female who reported an injury on 12/30/2003. The mechanism of injury was not provided. She is diagnosed with cervical degenerative disc disease with spondylosis and myofascial flare. Her past treatments include a medial branch radiofrequency ablation at bilateral C3-5 on 04/08/2014 and medications. On 09/11/2014, the injured worker reported neck and upper extremity pain with weakness. Upon physical examination, she was noted to have spasms at her trapezius, worse on the left than the right, and weakness in upper extremity with grip strength. Her current medications included Lyrica 50mg twice a day and Voltaren gel 2 grams 4 times a day. The treatment plan included urine analysis for review, request for trigger point injection at left trapezius, epidural steroid injection for upper extremity pain, medications and activity as tolerated, home support, fall precaution and follow up. A request for Trigger point injection trapezius/neck muscle was submitted because the injured worker had several months of relief from previous injection. A 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 trapezius/neck muscle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

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

**Decision rationale:** The request for Trigger point injection trapezius/neck muscle is not medically necessary. The injured worker reported neck and upper extremity pain. The California MTUS recommends trigger point injections for chronic low back or neck pain with myofascial pain syndrome and they are not recommended for radicular pain. Additionally, the criteria for trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and radiculopathy is not present. The clinical documentation does indicate spasms of the trapezius, her symptoms have been persistent for more than 3 months and there was no evidence of radiculopathy; however, there was no evidence that the injured worker has participated in physical therapy and failed with NSAIDs and muscle relaxants. Additionally, there were no evidence of a trigger points on physical exam with twitch response and referred pain with palpation. Therefore, the request cannot be supported at this time. As such, the request is not medically necessary.