

<b>Case Number:</b>	CM14-0170919		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/23/2008
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Pain Medicine 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:

This is a 61-year-old female who sustained a remote industrial injury on 1/23/08, diagnosed with cervical radiculopathy, other pain disorder related psychological factors and fibromyalgia/myositis. Mechanism of injury occurred due to repetitive use. The patient's previous treatments include multiple surgeries on her neck, physical therapy, massage, steroid injections, trigger point injections, and medications including opioids and muscle relaxants. The request for 4 trigger point injections was non-certified on utilization review dated 9/15/14 due to no documentation of failure of conservative care, such as physical therapy. The most recent progress note provided is 9/3/14. The patient complains primarily of pain in the shoulders, neck, and arms. She reportedly was putting cups away and pulled her right neck, which is causing pain down the right arm to the hand and also to the neck and head. She rates her pain as 7/10 on pain scale. Physical exam findings reveal palpable twitch positive trigger points are noted in the muscles of the head and neck. There is limited and painful neck range of motion. There are palpable twitch trigger points in the upper back muscles. There is increased tenderness over the right side of the neck with palpable twitch response. Current analgesic medications include: Zocor, cyclobenzaprine, Norco, Paxil, and Flector patch. It is documented that the patient is requesting trigger point injections, but has not received authorization for the injections. The treatment plan includes a request trigger point injections as it has helped her with/ without steroids. It is documented on progress note dated 8/6/14, that the patient requested trigger point injections without steroids for her neck and upper back area; she demonstrated improvement in range of motion of her cervical spine after trigger point injections were done; the procedure note is included with exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four trigger point injections to the neck: Upheld**

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

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

**Decision rationale:** According to MTUS, trigger point injections are "not recommended for radicular pain." Additionally, MTUS criteria for use of trigger point injections states, "no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Documentation identifies the patient is being treated for cervical radiculopathy and has neck pain that goes into her right arm and hand. Trigger point injections are not recommended for radicular pain, which is noted above. Despite this, the patient had trigger point injections on 8/6/14 and reportedly had improvement in range of motion of her cervical spine after trigger point injections. However, pain relief for six weeks is not documented, as the most recent progress note following injections is dated 9/3/14. The progress note did not document at least 50% pain relief from prior trigger point injections. Therefore, the requested four trigger point injections to the neck are not medically necessary.