

<b>Case Number:</b>	CM14-0174424		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Texas and Ohio. 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 45-year-old female who reported an injury on 03/09/2013. The mechanism of injury was due to poor ergonomic settings and repetitive office related work. The injured worker's diagnoses included cervical trapezial musculoligamentous sprain/strain with myofascial pain syndrome and lumbar musculoligamentous sprain/strain with occasional right lower extremity radiculopathy with right sacroiliac joint sprain. Her past treatments included chiropractic treatment, physical therapy and medications. On 05/20/2014, the injured worker complained of neck pain radiating to the bilateral shoulders. The physical examination revealed tenderness to palpation with muscle spasms and guarding, along with a local twitch response over the bilateral upper trapezius muscles with palpation. It was also noted sensation and motor strength were within normal limits and deep tendon reflexes were 2+ in the bilateral upper extremities. The injured worker's medications included Wellbutrin, Lexapro, Xanax, Valium, Flexeril, Vicodin, supplements, and a Flexor patch. The treatment plan included continued physical therapy, OrthoStim 4, trigger point injections to the bilateral upper trapezius muscles, pain management consultation, a high/low desk, work modification, and continued medication regimen. A request was received for trigger point injection bilateral upper trapezius to decrease pain and muscle spasms. The Request for Authorization form was received on 05/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection bilateral upper trapezius: 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:** The request for trigger point injection bilateral upper trapezius is not medically necessary. According to the California MTUS Guidelines, trigger point injections are recommended for myofascial pain syndrome, but not for radicular pain. Trigger point injections may be indicated if there is documented evidence of circumscribed trigger points with evidence of a twitch response as well as referred pain, evidence of symptoms lasting more than 3 months with failed medical management therapies, such as stretching exercises, physical therapy, NSAIDs, and muscle relaxants to control pain. It is also indicated no more than 3-4 injections per session. Upon physical examination there should be no evidence of radiculopathy by exam, imaging or neuro-testing. The injured worker was noted to have neck pain and tenderness to palpation with muscle spasms and guarding, along with a local twitch response over the bilateral upper trapezius muscles with palpation. It was also noted his sensation and motor strength were within normal limits and deep tendon reflexes were 2+ in the bilateral upper extremities. The injured worker had a diagnosis of myofascial pain syndrome of the low back, a twitch response with referred pain upon palpation. Additionally, there was an absence of radiculopathy, symptoms lasting more than 3 months in duration, and documentation corroborating the failure of medical management therapies to control pain. Based on the injured worker meeting all of the criteria, may benefit from trigger point injections however, the request as submitted did not indicate the number of injections being requested therefore, is supported by the guidelines. As such, the request for trigger point injection bilateral upper trapezius is not medically necessary.