

<b>Case Number:</b>	CM14-0179762		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational 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:

Patient is a 50 year-old male with date of injury 02/05/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/25/2014, lists subjective complaints as pain in the neck and low back. MRI of the lumbar spine performed on 03/04/2014 was notable for marked loss of disc height at L5-S1 and a disc/osteophyte complex measuring 3.5mm as well as a disc bugle measuring 3mm at L4-5. An MRI of the cervical spine performed on 09/10/2014 was notable for C4-5 and C5-6 mild disc degeneration with circumferential 2mm bulges, mild bilateral uncovertebral hypertrophy and foraminal narrowing as well as C3-4 and C6-7 minimal disc bulges. Objective findings: Neck flexion was to 15 degrees and extension was to 25 degrees. Lumbar flexion was to 50 degrees and extension to 15 degrees. No other physical examination findings were documented. Diagnosis: 1. Discogenic cervical condition with disc disease at three levels 2. Discogenic lumbar condition with MRI showing disc disease at two levels 3. Post concussive syndrome with issues of memory loss, depression, irritability, fatigability, personality changes and mood swings for which an MRI seems to have no changes from 2013 to 2014 and that seem relatively benign 4. Chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Head, neck/upper pain.

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

**Decision rationale:** The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. There is no documentation of myofascial pain or spasm. Trigger Point Injection is not medically necessary.