

<b>Case Number:</b>	CM14-0029504		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 63 year old male injured on 04/28/10 due to an undisclosed mechanism of injury. Current diagnoses include post cervical laminectomy pain and cervical radiculopathy pain. Documentation indicates the injured worker was status post cervical laminectomy and spinal cord stimulator implantation on 09/23/13. It is noted the injured worker initially received 80% reduction in pain; however, he is reporting the stimulator is no longer providing pain relief. The injured worker is currently requesting hardware removal from the cervical spine and stimulator removal. The clinical note dated 01/27/14 indicates the injured worker presented complaining of increased pain in the neck radiating to bilateral shoulders and upper extremities. The injured worker also reports continued increased pain with restricted hand/arm activities rated at 7/10. The injured worker indicates severe pain interferes with sleep requiring medication management. Current medications include Neurontin 300mg po every 12 hours, Norco 10/325mg every 12 hours PRN, MS-Contin 15mg po bid, and Ambien 10mg at night PRN. Physical assessment of the cervical spine reveals decreased range of motion, normal sensation to bilateral upper extremities, strength 5/5 to upper extremities, reflexes are symmetrical, tenderness on palpations are cervical spine, cervical facet joints, and trigger point tenderness on the cervical and trapezius muscles, tenderness and palpations on bilateral shoulders, decreased range of motion on the left shoulder, decrease sensation to touch in bilateral hands. Physical examination of the lumbar spine revealed normal range of motion, normal sensation to bilateral lower extremities, strength is intact to bilateral lower extremities, reflexes are symmetrical and no tenderness is allocated to palpations to the lumbar spine. Treatment plan includes trigger point injections in the cervical area, occipital nerve block, continuation of Norco, MS-Contin, Ambien, and encouragement of continued physical activities and exercise. The initial request for Ambien

10mg #30 was initially non-certified on 02/07/14. The initial request for trigger point injections-trapezius muscle 1 x 3 was initially non-certified on 02/07/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trigger point injections-Trapezius muscle 1 x 3: 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:** As noted on page 122 of the Chronic Pain Medical Treatment Guidelines, trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when 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. Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The documentation fails to provide adequate objective findings substantiating the presence of trigger points. Additionally, the documentation lacks evidence that medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drug (NSAIDs) and muscle relaxants have failed. As such, the request for Trigger point injections-Trapezius muscle 1 times 3 is not medically necessary at this time.