

<b>Case Number:</b>	CM14-0082708		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Orthopedic Surgeon and is licensed to practice in Arizona. 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 34-year-old female who sustained an injury on 6/3/2010. Progress note of 4/23/2014 states the patient has neck pain radiating into both arms and back pain radiating into both legs. The patient takes 3 Norco tablets a day. Examination reveals limitation of motion of the cervical spine with tight muscles and a trigger point which when stimulated causes radiating pain on the left side. There is also a trigger point noted in the thoracic spine which produces radiating pain on palpation. The lumbar spine has limitation of lumbar motion associated with a positive straight leg raise test and a trigger point which produces radiating pain on the left side. Request is made for a trigger point injection of the cervical thoracic and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point to the Neck, Thoracic and Lumbar Paraspinal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Chronic pain guidelines state that trigger point injections are recommended for myofascial pain syndrome and not for radicular pain. A trigger point is a discrete focal

tenderness located and a palpable taut band of skeletal muscle which produces a local twitch response to stimulation to the band. It is not recommended for typical back pain or neck pain. The record documents a history of pain radiating from the neck and lower back into the arms and legs. It also notes that stimulation of the trigger point areas causes radiating pain. Therefore, since the guidelines do not recommend trigger point injections for radicular pain, the medical necessity for trigger point injections has not been established.