

<b>Case Number:</b>	CM14-0083800		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/02/1998
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 and Rehabilitation 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:

The injured worker is a 68-year-old female with a reported injury on 03/02/1998 due to repetitive job duties. The diagnoses included chronic neck, shoulder pain and headaches due to muscles spasms. The injured worker has had a history of multiple trigger point injections. She received trigger point injections in 2012, 2013 and 01/16/2014 with the last injection being performed on 03/26/2014. The injured worker had an examination on 04/24/2014 with complaints of neck pain and headache. The last trigger point injection helped but the pain was still present. The injured worker did have 3+ spasms to the right and left distal trapezius, 3+ spasms to the right serratus posterior, superior, and 3+ spasms to the right infraspinatus. The medication list consisted of Vicoprofen and Lunesta. The plan of treatment was for approval for the trigger point injections. The Request for Authorization was signed and dated for 04/24/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections (TPI) to the left and right distal 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 California MTUS Guidelines noted there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The guidelines recommend that the symptoms should persist for more than 3 months. The criteria also state patients should have failed medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants. Repeat injections are not recommended unless a greater than 50% pain relief has been obtained for 6 weeks after the injection and there is documented evidence of functional improvement. The injured worker received an injection on 03/26/2014. There was evidence upon examination of spasms but no referred pain noted without evidence of a twitch response upon palpation. The injured worker is prescribed Vicoprofen; however, the efficacy of the medication is not indicated within the medical records. There is no evidence indicating the injured worker participated in stretching exercises or physical therapy. There is no documented pain relief and there is no documented evidence of functional improvement, or 50% relief with the prior injections for 6 weeks. The site of the previous injections is not indicated. Therefore, the request for the trigger point injection is not medically necessary.

**Trigger Point Injections (TPI) to the right serratus posterior superior and right infraspinus:** 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 California MTUS Guidelines noted there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The guidelines recommend that the symptoms should persist for more than 3 months. The criteria also state patients should have failed medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants. Repeat injections are not recommended unless a greater than 50% pain relief has been obtained for 6 weeks after the injection and there is documented evidence of functional improvement. The injured worker received an injection on 03/26/2014. There was evidence upon examination of spasms but no referred pain noted without evidence of a twitch response upon palpation. The injured worker is prescribed Vicoprofen; however, the efficacy of the medication is not indicated within the medical records. There is no evidence indicating the injured worker participated in stretching exercises or physical therapy. There is no documented pain relief and there is no documented evidence of functional improvement, or 50% relief with the prior injections for 6 weeks. The site of the previous injections is not indicated. Therefore, the request for the trigger point injection is not medically necessary.