

<b>Case Number:</b>	CM14-0086923		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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:

This is a 33-year-old female with a 1/9/13 date of injury. The mechanism of injury occurred when he was standing on a ladder painting a house and the ladder slipped out from underneath him. He injured his cervical and upper back. According to a progress report dated 5/5/14, the patient continued to complain of cervical, upper trapezius, and parascapular pain. The patient has undergone conservative care. The trigger point injections and myofascial release have provided the most benefit. Objective findings: palpable guarding and spasm in his upper trapezius and cervical paraspinals, tender along rhomboids and levator scapulae muscles, full range of motion (ROM) in neck and both shoulders, and sensation is intact in upper extremities. Diagnostic impression: cervical and upper back myofascial pain secondary to strain, and right abdominal strain, mostly resolved. Treatment to date: medication management, activity modification, physical therapy, myofascial release, trigger point injections, chiropractic treatment, and TENS unit. A UR decision dated 5/23/14 denied the request for trigger point injections. There is no documentation of increased function, decreased medication usage, or sustained and significant pain relief from previous trigger point injections. The number of trigger point injections received to date is unknown. Additionally, there is no evidence of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat trigger point injections, for the bilateral Cervical Paraspinal, upper Trapezius and Parascapular muscles, QTY: 3: 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 Page(s): 122.

**Decision rationale:** MTUS Guideline criteria for trigger point injections includes chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. It is documented that the patient has undergone trigger point injections in the past with good benefit, however it is unclear when the patient's last injection was given. In addition, the amount of pain relief the patient experienced was not noted. There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response. Furthermore, there is no documentation of significant pain reduction or functional improvement. Therefore, the request is not medically necessary.