

<b>Case Number:</b>	CM14-0090239		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Internal 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 an injured worker with a cervical spine condition. Date of injury was 07-27-2011. Treating physician's progress evaluation PR-2 for the date of service 03/13/14 was reported by [REDACTED]. Subjective complaints were documented. Patient was symptomatic in his neck with pain spreading into his left shoulder as well as increasing numbness and tingling into his right upper extremity. He has noted increased muscle spasms in his neck and upper back. The patient's current pain medicine regimen consists of Norco, Neurontin, Fioricet, Omeprazole, Voltaren gel, Bupropion, Risperidone, Buspirone, Paroxetine. Physical examination of the cervical spine documented tenderness in the bilateral paracervical musculature with moderate spasms extending into the bilateral trapezius musculature. There is point specific tenderness with a positive twitch response upon deep palpation with referral of pain into his shoulders and back of his head. Cervical spine range of motion documented flexion 30 degrees, extension 45 degrees, right rotation 80 degrees, left rotation 50 degrees. There is decreased sensation to light touch noted over the distribution of the right C7 nerve root. Diagnoses were posttraumatic head syndrome with significant headaches status post ocular surgery, cervical disc osteophyte C3-C4 and C6-C7 with resulting cervical radiculitis versus radiculopathy and intermittent paresthesias right upper extremity, cervicogenic headache, cervical myofascitis. Treatment plan included trigger point injections in the bilateral trapezius musculature. Physical examination demonstrated trigger points. A 25-gauge needle was placed into the point of maximal pain and spasm in the bilateral trapezius musculature. A total of 6 cc of Marcaine 0.25% was placed into two separate trigger points in the left trapezius musculature and one separate trigger point in the right trapezius musculature. Utilization review decision date was 04-28-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Trigger Point Injection Bilateral Trapezius Muscles x3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Trigger point injections Page(s): Page 122.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that trigger point injections have limited lasting value. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that injection of trigger points have no proven benefit in treating acute neck and upper back symptoms. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that trigger point injections are not recommended. The progress report for the date of service 03/13/14 documented symptoms and physical examination findings consistent with the diagnosis of cervical radiculopathy. The MTUS Chronic Pain Medical Treatment Guidelines criteria requires that radiculopathy is not present. Radiculopathy is documented in the medical records. Therefore MTUS guidelines do not support the performance of trigger point injections. The MTUS, ACOEM, and Work Loss Data Institute guidelines do not support the medical necessity of trigger point injection of the neck and upper back. Therefore, the request for Retro Trigger Point Injection Bilateral Trapezius Muscles x3 is Not medically necessary.