

<b>Case Number:</b>	CM14-0092250		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/21/2002
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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:

The applicant is represented [REDACTED] employee, who has filed a claim for chronic low back, neck, and hip pain reportedly associated with an industrial injury of September 21, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar spine surgery; total hip arthroplasty surgery; cervical spine surgery; unspecified amounts of manipulative therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated June 10, 2014, the claims administrator denied a request for trigger point injection therapy. On May 12, 2014, the applicant reported persistent complaints of neck pain, with radiating pain from neck to the head and numbness in the right hand. The applicant had tenderness about the trapezius musculature. The applicant reportedly attributed symptoms to cumulative trauma at work. The applicant was using Voltaren and Flexeril, it was stated. The applicant was asked to pursue chiropractic manipulative therapy and trigger point injection therapy. The applicant's work status was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections x 4:** 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:** As noted in page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain, as is present here. The applicant appears to have residual cervical radicular complaints following earlier cervical spine surgery. The applicant does report neck pain radiating to the arm and paresthesias and dyesthesia about the hand, all of which suggest the presence of residual cervical radicular pain for which trigger point injections are not, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, recommended. Therefore, the request for Trigger point injections x 4 is not medically necessary.