

<b>Case Number:</b>	CM14-0017085		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 53 year old female sustained a work related injury on 08/24/2007. She is reported have reported to her provider on 12/24/2013 complaining of neck pain, right shoulder pain and right hand pain. She complained of constant burning pain in the suprascapular region that goes down the arm to the right thumb, index and long finger. Pain also, travels down the midline to the lower portion of the thoracic spine. She also reported pinching in her right anterior shoulder, numbness and weakness in the same area; pain in the antecubital fossa to the ring and little fingers on the right and bilateral trapezius muscle spasm. The pain is rated 7/10. She also reported numbness in the lateral aspect of the right forearm and all five fingers at night. She described a knot in her right trapezius that was preventing her from turning her neck to the right. Pain worsens with lifting, pushing and pulling and improves with lying down and sleeping. She is unable to cook or wash dishes. She reported trouble with activities such as showering because of headaches. She has remained off work. The physical examination revealed muscle spasm to the trapezius muscle. Spasm was palpable in the bilateral superior trapezius. There was a circumscribed trigger point on palpation, and a twitch response as well as referred pain. She has been diagnosed of neuralgia, neuritis and radiculitis unspecified, cubital tunnel syndrome and carpal tunnel syndrome. Electrodiagnostic studies of 05/22/2008 was positive for chronic C6,C7, and C8 radiculopathies and mild carpal tunnel syndrome. She has been treated with physical therapy, cervical fusion in 2008, oxycodone, sertraline, fentanyl, fluoxetine, Percocet, zolpidiem, lubiprostone, naproxen; and trigger point injections in 2013. However, a retrospective utilization review of the trigger point injection of 2013 denied it due to presence of radiculopathy. At dispute is the request for another Trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 08/24/2007. The medical records provided indicate the diagnosis of neuralgia, neuritis and radiculitis unspecified, cubital tunnel syndrome and carpal tunnel syndrome. She has been treated with physical therapy, cervical fusion in 2008, Oxycodone, Sertraline, Fentanyl, Fluoxetine, Percocet, Zolpidem, Lubiprostone, Naproxen; and trigger point injections in 2013. However, a retrospective utilization review of the trigger point injection of 2013 denied it due to presence of radiculopathy. The medical records provided for review do not indicate a medical necessity for Trigger point injection. The MTUS recommends against trigger point injection for radicular pain. Also, although the MTUS recommends against repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, the records reviewed did not quantify the benefit from the previous trigger point injection. Therefore, the requested treatment is not medically necessary and appropriate.