

<b>Case Number:</b>	CM14-0129674		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. 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 underlying date of injury in this case is 07/18/2012. The treating diagnoses include lumbar radiculopathy, muscle spasm, cervical facet syndrome, and lumbar disc degeneration. The mechanism of injury is a repetitive strain. The patient was seen in treating physician followup 07/08/2014 with multifocal pain in the neck, low back, and left upper extremity, which was unchanged since the prior visit. The patient was noted to have a positive Spurling's maneuver resulting in pain in the neck but not radicular symptoms. The patient also had a positive left shoulder Hawkins' test and tenderness in the acromioclavicular joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections of the Lumbar paravertebral, Cervical paravertebral, Left trapezius, and RT 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 Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on trigger point injections, page 122, discusses detailed criteria for trigger point injections, including documentation of trigger points with evidence on palpation of

a twitch response with referred pain. The medical records in this case outline generalized pain syndrome but do not document focal trigger points consistent with these guidelines. Moreover, it is not clear that this patient has undergone first-line active physical rehabilitation treatment as recommended by the same guidelines prior to use of trigger point injections. For these reasons, the requested trigger point injections are not supported by the medical records and guidelines. This request is not medically necessary.