

<b>Case Number:</b>	CM14-0185159		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	07/17/2000
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Physical Medicine and Rehabilitation 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 54-year-old patient sustained an injury on 7/17/2000 while employed by [REDACTED]. Request(s) under consideration include Trigger Point Injections x 4 to the Bilateral Upper Trapezius, mid-scapular and scapular areas performed on 10/14/2014. Diagnoses include myalgia/myositis; back disorder; rotator cuff rupture; and chronic pain syndrome. Conservative care has included medications, therapy, trigger point injections (December 2013), and modified activities/rest. Report of 10/14/14 from the provider noted patient with chronic ongoing neck and shoulder pain rated at 7/10; the patient would like trigger point injections. Exam showed neck and shoulder surgical scars; multiple tender trigger points over neck, posterior shoulder, and upper extremities on palpation. Treatment included TPI and continuing with medications. The request(s) for Trigger Point Injections x 4 to the Bilateral Upper Trapezius, mid-scapular and scapular areas performed on 10/14/2014 were non-certified on 10/24/14 citing guidelines criteria and lack of medical necessity.

### 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 to the Bilateral Upper Trapezius, midscapular and scapular areas performed on 10/14/2014:** 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 injection Page(s): 122.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified neurological findings for this chronic injury. The patient has had previous TPIs without evidence of functional benefit, decreased pharmacological profile and medical utilization, or change in work status remaining functionally unchanged. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger Point Injections x 4 to the Bilateral Upper Trapezius, mid-scapular and scapular areas performed on 10/14/2014 are not medically necessary and appropriate.