

<b>Case Number:</b>	CM14-0191799		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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:

Pursuant to the progress note dated October 10, 2014, the IW complains of neck pain, which has increased since last visit. She reports no new problems or side effects. Sleep quality is fair. She is not trying any other therapies for pain relief. She notes restricted right range of motion (ROM) with radiating numbness down the right upper extremity including her fingers. She notes that these symptoms have occurred before, but have now worsened. Objective physical findings revealed restricted ROM with flexion limited to 45 degrees, extension limited to 20 degrees, right lateral bending limited to 10 degrees, left lateral bending limited to 15 degrees, lateral rotation to the left limited to 60 degrees, and lateral rotation to the right limited to 55 degrees. On examination of paravertebral muscles, spasms and tenderness is noted on the right side. Tenderness is noted at the rhomboids and trapezius. Spurling's maneuver causes pain but no radicular symptoms. Trigger points with radiating pain and twitch response on palpation at trapezius muscle right and lefty. The current working diagnoses include cervical radiculopathy, and cervical disc disorder. Current medications include Flector patches, and Lidoderm patches. The provider is recommending trigger point injections to the left and right trapezius.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections to Left and Right Trapezius:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Pain Sections, Trigger Point Injections

**Decision rationale:** Pursuant to the Official Disability Guidelines, trigger point injections to the left and right trapezius muscles are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. At the lumbar level they are recommended for myofascial pain syndrome with limited lasting value. The guidelines enumerate the criteria for trigger point injections (TPI). The criteria include all of the following criteria for trigger point injections to be indicated. They include, but are not limited to, circumscribed trigger points; radiculopathy is not present (by exam, imaging or neurological testing). For additional criteria see the guidelines. In this case, May 9, 2014 progress note indicates the injured worker 65 years old and was presented for neck pain radiating from the neck down the right arm. There were no new problems present. The worker takes Prilosec, gabapentin, Butrans patch and Advil. Mild sensory changes were present in the right upper extremity. The working diagnosis was cervical radiculopathy and disc disorder -cervical. The assessment indicates cervical radiculopathy with objective findings on physical examination including decreased sensation, cervical spine stenosis and cervical strain with tenderness of the lumbar spine. Although trigger points were identified on physical examination, there appears to be a cervical radiculopathy component. Trigger point injections are not indicated when radiculopathy is present. Consequently, trigger point injections to the left and right trapezius muscles are not medically necessary.