

<b>Case Number:</b>	CM14-0203976		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Family Practice, 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 injured worker was a 66 year male, who was injured on the job February 17, 2012. The injured worker suffered cervical and bilateral shoulder injuries. The injured worker was not currently working. According to the progress note of June 4, 2014 the injured worker received a trigger point injection in to the bilateral trapezius, rhomboid, and paracervical muscles. The injured worker was released to return to work with restrictions of 11 pound lifting restriction, no kneeling, squatting or twisting. On July 16, 2014, the injured worker had a repeat injection. According to the progress note of July 16, 2014, the injured worker was suffering from increased back pain with spasms. The injured worker was started on Flexeril. On October 8, 2014 the injured worker had another trigger point injection. The documentation submitted for review failed to provide a diagnosis other than cervical sprain. Also, the documentation failed to support the benefit the injured worker was receiving from the prior trigger point injections to the bilateral trapezius, rhomboid and paracervical muscles. The documentation submitted for review did not include MRI results, CT results, x-rays, radiology reports regarding the shoulders or cervical neck. On November 5, 2014, the UR denied Trigger point injections, bilateral trapezius, rhomboid, and paracervical muscles, QTY 4, due to the MTUS guidelines for trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections, bilateral trapezius, rhomboid, and paracervical muscles, QTY 4:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 and 175.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The request therefore is not medically necessary for a trigger point injection.