

<b>Case Number:</b>	CM14-0204170		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/03/2000
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/25/2014
<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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

10/1/14 notes chronic pain in neck and left arm. The insured noted occipital headaches. There is Spurling's and positive myofascial trigger points noted in C5-6-7. There is reduced range of motion. The assessment was cervical radiculopathy with cervical HNP and stenosis with traumatic head injury. 11/12/14 note reports pain in the neck with radiation to left C6 distribution. The pain is 8/10 to 6/10. There is numbness in the hand and weak grip. There is difficulty with fine manipulation. Cervical trigger point injections are reported to have been done before with 1-2 months of relief. Examination notes positive Spurling's and decreased sensation in the left C6 distribution. There are positive myofascial trigger points at C5, C6, and C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Myofascial trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Trigger Point Injections

**Decision rationale:** The medical records do not report the presence of trigger points with demonstrated twitch response. ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. As the medical records do not demonstrate trigger points on exam not responsive to other conservative treatment, ODG guidelines do not support trigger point injections in this case.

**1 Pain management follow up:** Overturned

**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 Shoulder, Follow-Up Visits.

**Decision rationale:** The medical records support ongoing chronic pain condition. Ongoing follow-up with pain management for chronic pain condition is supported for the management of the insured under MTUS guidelines. As such follow-up visit with pain management is supported under ODG guidelines.