

<b>Case Number:</b>	CM14-0204372		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 40 year old male with an injury date on 10/8/10. The patient complains of an exacerbation of left-sided cervical pain from mid-point of his neck towards the base and towards the left shoulder per 11/5/14 report. The pain is worsening, and is very stiff-like discomfort that occurs daily and with work per 11/5/14 report. The patient also has headaches, and occasional numbness in his fingers per 4/2/14 report. The patient denies upper extremity pain in the 4/2/14 report, and also denies upper extremity pain in the 11/5/14 report. Based on the 11/5/14 progress report provided by the treating physician, the diagnoses are:1. Cervical myofascial spasms2. Cervical myofascial pain syndrome3. Cervical facet arthritis and facet syndromeA physical exam on 11/5/14 showed "C-spine range of motion is limited, with 10 degrees of lack of range of motion with left lateral rotation and flexion. Tenderness to palpation at left C6-7 paraspinal region." The patient's treatment history includes medications, physical therapy, acupuncture, chiropractic treatments. The treating physician is requesting left trapezius trigger point injection under ultrasound guidance. The utilization review determination being challenged is dated 11/24/14. The requesting physician provided treatment reports from 7/24/13 to 11/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Trapezius Trigger Point Injection Under Ultrasound Guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-7, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** This patient presents with neck pain, left shoulder pain. The treater has asked for left trapezius trigger point injection under ultrasound guidance on 11/5/14. Review of the reports do not show any evidence of trigger point injections being done in the past. Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. MTUS also requires "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." For fibromyalgia syndrome, trigger point injections have not been proven effective. This patient has a diagnosis of myofascial pain in cervical/trapezial region. The physical examination, however, does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. The request IS NOT medically necessary.