

<b>Case Number:</b>	CM14-0219123		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 44 year-old male, who was injured on March 5, 2012, while performing regular work duties. He has continued complaint of neck pain, headaches, and right shoulder aching. Physical findings on October 15, 2014, indicate tenderness and muscle spasm to the trapezius area, right shoulder pain at the acromioclavicular joint, and noted healed surgical scar over the right shoulder. The Utilization Review indicates there are multiple trigger points along the upper-mid trapezius, along with the sternocleidomastoid muscles that reproduce the injured workers headache. The injured worker has received treatment including epidural steroid injections, physical therapy, medications, rest, a home exercise program, and chiropractic treatment. The request for authorization is for left paravertebral trigger point injection under ultrasound guidance. The primary diagnoses are cervical disc disorder, brachial neuritis or radiculitis, shoulder derangement, and headache. On December 1, 2014, Utilization Review non-certified the request for left paravertebral trigger point injection under ultrasound guidance, based on MTUS, Chronic Pain Medical Treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Paravertebral Trigger Point Injection Under Ultrasound Guidance:** 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 Injections Page(s): 122.

**Decision rationale:** MTUS discusses specific criteria for the use of trigger point injections. These criteria include documentation of specific circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The records in this case do not clearly describe trigger points based on these criteria. This request is not medically necessary.