

<b>Case Number:</b>	CM15-0105193		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on 9/26/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having neck pain with multilevel disc protrusion, paracervical and left upper trapezius muscle spasm, low back pain with degenerative disc disease, lumbar spondylolisthesis, lumbar spondylosis and lumbosacral myofascial pain. There is no record of a recent diagnostic study. Treatment to date has included trigger point injections and medication management. In a progress note dated 4/6/2015, the injured worker complains of neck pain that radiates total assistance he left shoulder and left upper extremity and low back pain. Physical examination showed tenderness in the left cervical paraspinal region with spasm and trapezial tenderness. The treating physician is requesting additional trigger point injections to the left upper trapezius muscles x 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional trigger point injection to left upper trapezius muscles x2:** 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:** This patient receives treatment for chronic neck pain and muscle spasms in the paracervical and L sided upper trapezius areas. This relates back to a work related injury dated 09/26/2012. This review addresses a request for additional trigger point injections to the L upper trapezius muscle. Trigger point injections are recommended for persisting myofascial pain. They are not medically indicated for radicular pain. The patient must demonstrate a regional pain distribution. There must be a palpable area of tautness in a muscular band and when palpated a twitch can be observed. Symptoms must be present for at least 3 months. There must be documentation that stretching, PT, NSAIDs, and muscle relaxants have not controlled the pain. There must be documentation of at least a 50% improvement in function with a duration of 6 weeks after the injection. Only local anesthetics are considered deemed appropriate for injecting. The documentation provided does not adequately address these data as outlined above. The trigger point injections are not medically necessary.