

Case Number:	CM15-0016723		
Date Assigned:	02/05/2015	Date of Injury:	06/10/1997
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	01/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female, who sustained an industrial injury on 06/10/1997. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include occipital neuropathy, occipital neuralgia, musculotendinoligamentous injury to cervical spine, cervical spine disc bulging, cervical spine radiculopathy, adjustment reaction with anxiety secondary to chronic pain and disability, bilateral shoulder scapula-thoracic musculo-tendinous injury, bilateral shoulder impingement syndrome, bilateral shoulder rotator cuff tear, insomnia, bilateral acromioclavicular sprains and strains, and bilateral shoulder musculotendinoligamentous injury. Treatment to date has included medication regimen, physical therapy, magnetic resonance imaging of the left shoulder and neck, x-rays of the left shoulder, cervical spine, and left elbow, home exercises, and use of heat. In a progress note dated 01/15/2015 the treating provider reports neck and bilateral upper extremity pain that is rated a six on a scale of zero to ten and at times increases to a nine. The injured worker also has complaints of headaches and symptoms of swelling to the lower extremities. The treating physician requested one cervical spine trigger point injection however the documentation provided did not indicate the reason for this requested treatment. On 01/28/2015 Utilization Review non-certified the requested treatment of one cervical spine trigger point injection as an outpatient between 01/21/2015 and 03/07/2015, noting the ACEOM, <https://www.acoempracguides.org/>, Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical spine trigger point injection as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): [https://www/acoempracguides.org/Cervical and Thoracic Spine](https://www/acoempracguides.org/Cervical%20and%20Thoracic%20Spine), Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26; MTUS (Effective July 18, 2009) Trigger Point Injections Page(s): 122 of 127..

Decision rationale: The California MTUS guidelines indicate that the criteria for trigger point injections includes specific physical examination findings of a twitch response upon palpation as well as referred pain. Previous conservative treatment such as stretching, physical therapy, NSAIDs, and muscle relaxants should also have failed to provide improvement. The most recent progress note dated January 15, 2015 does not include any physical examination findings of trigger points with a twitch response. Additionally, the injured employee is still prescribed oral medications which are stated to be helpful in the injured employee is still participating in home exercise. For these reasons, this request for cervical spine trigger point injections are not medically necessary.