

<b>Case Number:</b>	CM15-0019048		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	04/15/1997
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 61-year-old [REDACTED] contracting employee, who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 15, 1997. In a Utilization Review dated January 14, 2015, the claims administrator further approved a request for trigger-point injection to the trapezius muscle. A September 4, 2014, progress note was referenced in the determination. The claims administrator contended, somewhat incongruously, that there was no evidence that the applicant had failed conservative measures, such as muscles relaxants, physical therapy, medications, etc., despite that the fact that the applicant was some 17 to 18 years removed from the date of the injury. The claims administrator further noted that the applicant was using Ambien, Motrin, Lidoderm and Norco. The claims administrator also stated that the applicant had had prior trigger point injections at various points over the course of the claim. The applicant's attorney subsequently appealed. On December 4, 2014, the applicant reported ongoing complaints of neck pain, radiating to the shoulder. The applicant was on Ambien, Lidoderm, Motrin, and Norco. Multiple palpable tender points were noted. The applicant also exhibited limited shoulder and neck range of motion. Upper extremity sensations were normal. The applicant was asked to pursue repeat trigger point injections to the trapezius muscle region. The applicant's work status was not clearly stated. On December 23, 2014, the attending provider suggested that the applicant continue permanent work restrictions previously imposed by a medical-legal evaluator. It did not appear that the applicant was working with said permanent limitations in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection (Trapezius muscle):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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:** No, the request for a trigger point injection to the trapezius muscle was not medically necessary, medically appropriate, or indicated here. The request in question does represent a request for a repeat trigger point injection as the applicant has, in fact, received prior trigger point injections over the course of the claim. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat trigger point injections should be predicated with documented evidence of functional improvement with earlier blocks. Here, however, the applicant did not appear to be working following imposition of permanent work restrictions. Permanent work restrictions were renewed, unchanged, from visit to visit. The applicant remained dependent on a variety of analgesic medications including Norco, Motrin, Lidoderm, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of prior trigger point injections. Therefore, the request was not medically necessary.