

<b>Case Number:</b>	CM15-0136079		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Florida, 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:

This 63-year-old female sustained an industrial injury to the low back on 9/21/11. Previous treatment included lumbar laminectomy and fusion (6/9/14), physical therapy, aqua therapy and medications. In a PR-2 dated 6/29/15, the injured worker complained of a flare-up of neck pain with radiation down the left arm after filling out paper work in the lobby due to looking down for awhile and ongoing low back pain with radiation down both legs. The injured worker reported that her legs gave out recently causing her to fall with subsequent left knee and right wrist pain. Physical exam was remarkable for bilateral wrists with positive Phalen's test and volar tenderness to palpation, left knee with diffuse tenderness to palpation, lumbar spine with limited and painful range of motion and a positive twitch response in the neck. Current diagnoses included cervical spine sprain/strain, probable bilateral carpal tunnel syndrome, thoracolumbar sprain/strain and complaint of left knee pain. The physician noted that the injured worker was recently evaluated by a neurologist for cervicogenic headaches and chronic cervical spasms with recommendation for a course of physical therapy and a series of trigger point injections. The treatment plan included requesting authorization for a trigger point injection to the left side of the cervical spine, a new cervical spine magnetic resonance imaging and refilling Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection left side of cervical spine x 1 injection:** 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 Page(s): 47 of 127.

**Decision rationale:** This claimant was injured in 2011 and has a flare-up of neck pain. The injury was to the low back. There is reported a positive twitch response in the neck. Current diagnoses included a cervical spine sprain/strain. The physician noted that the injured worker was recently evaluated by a neurologist for cervicogenic headaches and chronic cervical spasms with recommendation for a course of physical therapy and a series of trigger point injections". The MTUS notes; Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. A twitch response is noted, but classic triggering with referred pain was not demonstrated. Duration of alleged triggering is not noted. The request is not medically necessary.