

<b>Case Number:</b>	CM15-0140163		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, 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:

This is a 46 year old female patient who sustained an industrial injury on 2-27-12. Diagnoses are cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, cervical disc displacement-herniation, cervical radiculitis-root compression, neuralgia, neuritis, and radiculitis unspecified, lumbago, pain in joint involving shoulder region, and partial tear of rotator cuff. Per the progress report dated 6-1-15, she had complaints of pain and discomfort on the neck and shoulder area at 6-7/10. Medication is helpful in maintaining it at a tolerable level. The physical examination revealed tenderness to palpation of the cervical spine, left upper trapezius , right upper trapezius, shoulder, acromioclavicular joint, arm, forearm, wrist and fingers, reduced cervical range of motion and with pain; right hand grip strength decreased, decreased sensation of the right extremity to touch. Medications list includes non-steroidal anti-inflammatories, Soma, and Norco. She is status post cervical epidural injection at C5-C6 on 3-13- 15. She has had cervical MRI on 2/8/2014, which revealed disc protrusion at C3-4 with right neuroforaminal narrowing and nerve root compromise; disc protrusion at C4-5 with left neuroforaminal narrowing and nerve root compromise; EMG/NCS dated 12/30/2014, which revealed mild right median neuropathy across the wrist. She has had physical therapy visits for this injury. The requested treatment is trigger point injection under ultrasound for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Trigger Point Injection under Ultrasound for Cervical Spine: 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 122.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: (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." Evidence of documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain is not specified in the records provided. Per the records provided patient had neck and shoulder pain with diagnosis of cervical radiculitis/neuritis. The cited guidelines do not recommended trigger point injections for patient with radiculopathy. In addition, per the records provided patient has had physical therapy for this injury. A documentation of failure of these measures was not provided in the medical records submitted. Trigger Point Injection under Ultrasound for Cervical Spine is not medically necessary for this patient.