

<b>Case Number:</b>	CM15-0141303		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 40-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 3, 2010. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve a request for a trigger point injection to the cervical spine. The claims administrator referenced a June 22, 2015 progress note in its determination. The claims administrator contented that the applicant had received prior trigger point injections. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant reported ongoing complaints of neck pain with derivative complaints of headaches, 1 to 2/10. The applicant was pending a cervical epidural steroid injection, it was reported. The applicant had disc bulging at the C3-C4 and C4-C5 levels, which were causing spinal cord indentation, it was reported. Cervical paraspinal tenderness was reported. The applicant's work status was not clearly stated. On March 24, 2015, the applicant reported 1 to 5/10 pain complaints and tenderness about the cervical paraspinal musculature it was reported. The applicant was using unspecified injections elsewhere. On April 10, 2015, the applicant reported non-radiating neck pain. In one section of the note, it was stated that the applicant's pain complaints were predominantly axial in nature. The applicant was using Norco for pain relief. The applicant was receiving manipulative therapy, it was reported. 5/5 upper extremity strength was appreciated. The applicant's BMI was 30. The applicant exhibited cervical paraspinal tenderness with palpable tender point evident. The applicant was asked to pursue trigger point injections for presumed myofascial pain. The attending provider stated that the applicant was not a candidate for cervical epidural steroid injections owing to lack of bona fide radiculopathy. On May 5, 2015, the applicant was returned to regular duty work. On May 5, 2015, four trigger point injections were performed. These were characterized as initial injections. On June 23, 2015, the

applicant stated that previously performed trigger point injections had generated only a fleeting relief for approximately two weeks. The applicant was returned to regular duty work. Repeat trigger point injections were apparently sought. The applicant was asked to obtain updated cervical MRI imaging as well.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trigger Point Injection Cervical Spine: 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 proposed trigger point injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat trigger point injection. The applicant had received earlier trigger point injections on May 5, 2015, it was reported above. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines notes that repeat trigger point injections should not be performed unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Here, the applicant reported on June 22, 2015, that he had received only two weeks of pain relief from the previous injection. The applicant's lack of sustained pain relief with earlier injections did not make a compelling case for a repeat injection. Therefore, the request was not medically necessary.