

<b>Case Number:</b>	CM15-0149304		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 50 year old female, who sustained an industrial injury on 4-22-13. The injured worker was diagnosed as having right shoulder sprain, left shoulder sprain, right hip sprain, left hip sprain, possible cervical sprain versus probable progressing cervical myelopathy with spinal cord compression damage, and lumbar sprain. Treatment to date has included medication. Physical examination findings on 7-8-15 included paravertebral muscle spasms. Shoulder raise increased left upper trapezius neck pain. Currently, the injured worker complains of increasing upper back, neck, and left arm pain with spasms. The treating physician requested authorization for retrospective emergency myofascial trigger point injection with cortisone to the left upper back and neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective emergency myofascial trigger point injection with cortisone to left upper back/neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for Retrospective emergency myofascial trigger point injection with cortisone to left upper back/neck, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested Retrospective emergency myofascial trigger point injection with cortisone to left upper back/neck are not medically necessary.