

<b>Case Number:</b>	CM15-0204020		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 37 year old female, who sustained an industrial injury on 4-4-2013. A review of the medical records indicates that the injured worker is undergoing treatment for discogenic cervical pain with occasional radiculopathy and left shoulder impingement. On 9-8-2015, the injured worker reported neck and upper back pain. The Primary Treating Physician's report dated 9-8-2015, noted the injured worker at normal duty work, recently made permanent and stationary. The injured worker's current medications were noted to include occasional Gabapentin. The physical examination was noted to show a little bit of trapezius muscle tenderness, and some left superior periscapular muscle tenderness likely at the end points of the trapezius muscles. The Physician noted the injured worker with discogenic neck pain and some trapezius muscle spasm with no significant radicular symptoms. Prior treatments have included heat, ice, pain medication, muscle relaxants, non-steroid anti-inflammatory drugs (NSAIDs), physical therapy, chiropractic treatments, acupuncture, and a left shoulder injection with ongoing shoulder inflammation, appearing to get a little bit worse after the injection, with a brief setback after the corticosteroid injection to her left shoulder. A cervical spine MRI dated 5-1-2014, was noted to show slight bulging at C5-C6 with no spinal cord compression and no significant nerve root entrapment. The treatment plan was noted to include requests for chiropractic treatments and trigger point injection at the trapezius muscle distribution in the left. The injured worker's work status was noted to be normal work duty. The request for authorization dated 9-14-2015, requested in house trigger point injection x 1 trapezius muscle. The Utilization Review (UR) dated 9-18-2015, non-certified the request for in house trigger point injection x 1 trapezius muscle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**In house Trigger point injection x 1 Trapezius muscle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trigger point injections.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 defines a trigger point as "a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination."The guidelines continue to define the indications for trigger point injections which are as follows: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain or fibromyalgia. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended." CA MTUS guidelines state that trigger point injections are not indicated for radicular pain, fibromyalgia, typical back pain or typical neck pain. In this case the exam notes from 9/8/15 demonstrate no evidence of myofascial pain syndrome. The documented physical examination does not show "a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band." This patient has radicular pain, and typical neck pain. Therefore the determination is not medically necessary.