

<b>Case Number:</b>	CM15-0021696		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/24/1980
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 42 female year old female who sustained an industrial injury on 10/24/1980. Current diagnoses include neck pain and spasm, bilateral upper extremity radicular symptoms, low back pain and spasm in the leg, and herniated nucleus pulposus. Previous treatments included medication management and spinal injections. Report dated 01/09/2015 noted that the injured worker presented with complaints that included intractable neck, left shoulder and low back pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/27/2015 non-certified a prescription for 1 trigger point injection, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 trigger point 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 Trigger point Injections.

**Decision rationale:** Trigger point injections for shoulder spasms may be beneficial for myofascial pain only when specific trigger point exist wiht palpable twitch response and referred pain, persisting symptoms for over 3 months, and failed conservative treatments. The injections are not recommended for typical back or neck pain. In this case, the patient complained of shoulder and neck pain with radiculopathy. There is no documented report of any shoulder trigger points, only spasm. In addition there was reported improvement with the current medication regimen. Thus trigger point injection is not medically necessary and appropriate.