

<b>Case Number:</b>	CM15-0210334		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	04/11/2003
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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

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 injured worker is a 63 year old male, who sustained an industrial injury on 4-11-2003. Diagnoses include status post cervical fusion in 2003, status post laminoplasty C4-C7 in 2008 and rule out adjacent segment syndrome C2-C4 and C7-T1. Prior surgical history included six lumbar spine surgeries, two cervical spine surgeries and bilateral carpal tunnel releases. Treatments to date include activity modification, medication therapy, therapeutic injections, and physical therapy. On 9-8-15, he complained of a recent flair up with right neck and shoulder soreness. He continued with pain in the right deltoid and shoulder associated with a lock-up and gravel sound. There was report of cervical occipital headaches once daily lasting one to twelve hours. Pain was rated 7 out of 10 VAS. The physical examination documented cervical tenderness and muscle spasm with decreased range of motion and decreased biceps strength. The plan of care included diagnostic imaging and pain management for right suprascapular and cervical focal steroid injection trigger blocks. The appeal requested authorization for trigger point injections to the lumbar spine (4 sets of at least 2 injections each side) and trigger point injections to cervical spine (4 sets of at least 2 injections each side). The Utilization Review dated 10-16-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections to the lumbar spine (4 sets of at least 2 injections each side) #8:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Trigger point injections.

**Decision rationale:** Guidelines are very specific that an automatic series of trigger point injections is not recommended. An initial injection trial is supported, but repeat injections are not recommended unless there is significant and prolonged improvement that is accompanied by improved function and diminished need for medications. In addition, updated Guidelines are not supportive of the need for steroids as part of the injection mix. The request for a series (4 sets) of trigger point injections is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The Trigger point injections to the lumbar spine (4 sets of at least 2 injections each side) #8 is not medically necessary.

**Trigger point injections to the cervical spine (4 sets of at least 2 injections each side) #8:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Trigger point injections.

**Decision rationale:** Guidelines are very specific that an automatic series of trigger point injections is not recommended. An initial injection trial is supported, but repeat injections are not recommended unless there is significant and prolonged improvement that is accompanied by improved function and diminished need for medications. In addition, updated Guidelines are not supportive of the need for steroids as part of the injection mix. The request for a series (4 sets) of trigger point injections is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The Trigger point injections to the cervical spine (4 sets of at least 2 injections each side) #8 are not medically necessary and appropriate.