

<b>Case Number:</b>	CM15-0215889		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 65 year old, female who sustained a work related injury on 6-13-14. A review of the medical records shows she is being treated for low back, bilateral wrists-forearms and neck pain. In the progress notes dated 8-13-15 and 9-25-15, the injured worker reports neck pain and stiffness, right side greater than right. She reports, "turning head to the right hurts." She has burning sensation down the right elbow from neck, which is off and on. She rates her pain level a 7-8 out of 10. On physical exam dated 9-25-15, she has tenderness over the cervical paravertebral muscles, trapezius muscles and levator scapulae. She is noted to have trigger points in the trapezius muscles. She has decreased cervical range of motion. Treatments have included chiropractic treatments, lumbar injections, aqua therapy, and home exercises. Current medications include-none listed. She is retired. The treatment plan includes requests for an MRI of cervical spine and for trigger point injections into right trapezius muscle. The Request for Authorization dated 9-25-15 has requests for an MRI of the cervical spine and trigger point injection to the right trapezius muscle. In the Utilization Review dated 10-7-15, the requested treatment of a trigger point injection to right trapezius muscle is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection to right trapezius muscle: 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 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 9/25/15 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, fibromyalgia, typical back pain or typical neck pain. Therefore, the determination is for non-certification. The request is not medically necessary.