

<b>Case Number:</b>	CM15-0222262		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	03/30/1995
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 64 year old female, who sustained an industrial injury on 3-30-1995. The injured worker is undergoing treatment for complex regional pain syndrome (CRPS), narcotic dependence, bilateral lateral epicondylitis, refractory cervical myofascitis, bilateral shoulder impingement, bruxism-temporomandibular joint syndrome (TMJ) and chronic pain syndrome. Medical records dated 8-14-2015 indicates the injured worker received cervical trigger point injection without complication. Exam dated 9-29-2015 indicate the injured worker complains of increasing pain in the right hand and discoloration. The treating physician indicates exacerbation of neck pain and does not provide report of results of prior trigger point injection. Physical exam dated 9-29-2015 notes mild tremor with hyperalgia of upper extremity, bilateral trapezius hypertonicity, tenderness and trigger points. Treatment to date has included spinal cord stimulator, medication, labs and activity alteration. The original utilization review dated 10-15-2015 indicates the request for trigger point injection into bilateral cervical musculature # 1, (retrospective DOS 09/29/15) is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection into bilateral cervical musculature, Qty 1, (retrospective DOS 09/29/15): 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:** The 5/12/15 physician progress note states "Areas of triggering in both trapezius were identified, infiltrated with 25-gauge 1.5 inch needle with a total of 10 ml of 0.5% Bupivacaine." This was again performed on 6/30/2015, 8/14/2015, 9/29/2015 and 11/10/2015. According to the MTUS, the criteria for trigger point injections includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There is no documentation in this regard in the medical record. Another criteria is that there is to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. There has been no documented pain relief or functional improvement in response to trigger point injections.