

<b>Case Number:</b>	CM15-0048130		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	04/12/2006
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: 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 61 year old male, who sustained an industrial injury on April 12, 2006. He has reported neck pain and bilateral arm pain. Diagnoses have included cervical spine radiculopathy, chronic pain syndrome, and myofascial pain syndrome. Treatment to date has included medications and trigger point injections. EMG/NCV on 12/3/12 reveals left C6 and right C5 radiculopathy. A progress note dated February 11, 2015 indicates a chief complaint of neck pain radiating to the bilateral arms with numbness and tingling. Pain is severe and making work difficulty. Range of motion is limited with extension leading to severe pain. Pt received trigger point injection. The treating physician documented a plan of care that included a series of trigger point injections. Patient has had prior trigger point injection within the last few months with no documented objective improvement except for a statement of "50% improvement in range of motion and pain." Documentation of exam does not correlate with improvement with continued severe pain and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 sets of trigger point injections (cervical): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat Trigger Point Injections. Patient does not have a diagnosis of myofascial pain syndrome. 1) Documentation of trigger points: Fails criteria. The provider has not documented trigger points in the provided documentation. 2) Symptoms lasting more than 3months: Meets criteria. 3) Conservative medical management has failed to control pain: Fails criteria. Patient has documented exacerbation of chronic pain. There is no documentation of prior conservative therapy attempts. 4) No radiculopathy present: Fails criteria. Primary cause of pains is documented as radicular in nature. 5) Documentation of 50% or greater functional improvement. Fails criteria. Provider has documented a "50%" improvement with no actual documentation of improvement in pain, objective decrease in medication use or function. Patient has exacerbation of chronic pain. Except for short term pain control, there is no good rationale provided for injections. Trigger point injections are not medically necessary.