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| <b>Case Number:</b>   | CM15-0048869 |                              |            |
| <b>Date Assigned:</b> | 03/20/2015   | <b>Date of Injury:</b>       | 08/10/2011 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/16/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was involved in a motor vehicle accident sustaining an industrial injury on August 10, 2011. The injured worker was diagnosed with chronic myofascial back pain, chronic cervical pain with foraminal stenosis and narrowing and a right medial meniscus tear and degenerative changes at the lateral compartment. A magnetic resonance imaging (MRI) of the cervical spine was performed in February 2013, right shoulder magnetic resonance arthrogram on May 27, 2014 and an Electromyography (EMG)/Nerve Conduction Velocity (NCV) study of the bilateral upper and lower extremities was performed in March 2014. According to the primary treating physician's progress report on February 17, 2015, the patient continues to experience neck and lower back, bilateral knee and right shoulder pain. Examination of the shoulder demonstrated pinpoint tenderness to the posterior left trapezius with taut muscle band and spasm. Treatment plan was the request for a trigger point injection of the left trapezius to alleviate the myofascial pain. Current medications are to be continued and listed as Norco, Ultram ER and Zanaflex along with the use of the transcutaneous electrical nerve stimulation (TEN's) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection to the left posterior trapezius: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 63-66, 74-86, 122.

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

**Decision rationale:** Trigger point injection to the left posterior trapezius is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines for trigger point injections state that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The documentation does not reveal evidence of recent physical therapy or ongoing stretching exercises for the cervical/trapezius area. The request is therefore not medically necessary.