

<b>Case Number:</b>	CM15-0053276		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female, who sustained an industrial injury on 10/16/12. The injured worker was diagnosed as having cervical disc degeneration, fasciitis and cervical disc displacement without myelopathy. Treatment to date has included activity restrictions, trigger point injections, oral medications and chiropractic treatment. Currently, the injured worker complains of continued neck pain. The injured worker states cervical pain and spasming were reduced by more than 50% since trigger point injections until recently, she also states with Naproxen and Flexeril she is able to function and go to work. Upon physical exam, palpable taut bands are noted in the area of her pain with soft tissue dysfunction and spasm in the cervical paraspinal trapezius area. The current treatment plan includes cervical trigger point injections, refilling Flexeril and Naproxen and additional chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical trigger point injection with/ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS recommends trigger point injections based on specific clinical criteria, including documentation of circumscribed trigger points with a twitch response as well as failure to respond to specific first-line treatment and absence of radiculopathy. The guidelines do not recommend use of ultrasound but rather recommend identification of trigger points specifically by palpation and identification of a twitch response. Thus this request is not medically necessary.

**90 Cylcobenzaprine 10 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.