

<b>Case Number:</b>	CM15-0055631		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55-year-old male, with a reported date of injury of 04/18/2014. The diagnoses include brachial neuritis or radiculitis, medial nerve lesion, neck pain, and cervicobrachial syndrome. Treatments to date have included bilateral C6-C7 selective nerve block, ice, heat, oral medication, physical therapy, chiropractic therapy, an MRI of the cervical spine, and electrodiagnostic studies of the bilateral upper extremities. The medical report dated 02/19/2015 indicates that the injured worker continued to have neck pain that radiated into the left side and into the left deltoid. The injured worker reported that the pain in his neck muscles was severe and he was having a lot of tightness. It was reported that the injured worker had a trigger point injection in the past, which helped him significantly. An examination showed painful neck movements with range of motion; hypertonicity, spasm, tenderness, tight muscle band, and trigger point noted on the left side; no spinal process tenderness; left sided tightness noted over the trapezius, suprascapular and rhomboid muscles; left sided spasms and hypertonicity; and multiple tender and trigger points. The treating physician requested 3-4 trigger injections to the cervicothoracic. It was noted that the injured worker did not want to take any opiates or controlled substances.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger injections cervicothoracic, QTY: 3-4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 84.

**Decision rationale:** Trigger injections cervicothoracic, #3-4 is not medically necessary. Per Ca MTUS guidelines, which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The patient had trigger points in the past with no documentation of long-term benefit. Additionally, the claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed; therefore, the requested service is not medically necessary.