

<b>Case Number:</b>	CM14-0140606		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 57 year-old female was reportedly injured on August 2, 2012. The most recent progress note, dated May 13, 2014, indicates that there are ongoing complaints of bilateral upper, mid, and lower back pain, with hypertonicity to the erector spinae and lumbar muscles bilaterally. Straight leg test was negative bilaterally. Braggard's sign was negative bilaterally. Patrick-Fabere test was positive on the left. Evaluation of the thoracic spine reveals tenderness to palpation and hypertonicity in the thoracic region bilaterally, the trapezius region bilaterally and the levator muscles bilaterally. These are all moderate in severity. Physical exam findings note positive triggerpoints in the left T-8 and T-9 regions. The most recent clinical documents do not provide a summary of any radiological findings. However an earlier progress note comments on an MRI of the lumbar spine that demonstrates spinal canal narrowing and broad-based disc protrusion at L3-4 and L4-5. Furthermore an MRI of the cervical spine shows spondylolisthesis at C3-4, disc protrusion at C4-5, C5-6 and C6-7, with spinal canal narrowing at C5-6 and C6-7. Previous treatment includes a self-directed exercise program, medications, and therapy banalities. A request had been made for left shoulder trigger point injections and was not certified in the pre-authorization process on July 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder trigger point injections:** 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): 122.

**Decision rationale:** CA MTUS treatment guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Furthermore, the record provides clear evidence of a suspected radiculopathy rather than myofascial pain syndrome. Based on the information provided, this request is not medically necessary.