

<b>Case Number:</b>	CM14-0095548		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/07/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 55-year-old female was reportedly injured on August 7, 2009. The most recent progress note, dated May 6, 2014, indicates that there are ongoing complaints of neck and shoulder pain. Current medications include Celebrex and Cyclobenzaprine. The physical examination demonstrated tenderness and decreased range of motion of the cervical spine. There was a normal upper extremity neurological examination. Trigger points were identified along the cervical spine paraspinal muscles and the trapezius. Diagnostic imaging studies of the cervical spine revealed a disc osteophyte complex at C3-C4, C4-C5, and C5-C6. Previous treatment includes oral and topical medications. A request had been made for two trigger point injections over the cervical spine paravertebral muscles and the right trapezius and was not certified in the pre-authorization process on June 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Trigger point injections (cervical paravertebral, right trapezius): 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:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of trigger point injections includes that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. The progress note dated may six 2014 states that the injured employees taking her medications as prescribed and that they are working well. As such, this request for two trigger point injections for the cervical spine paravertebral muscles and the right trapezius is not medically necessary.