

<b>Case Number:</b>	CM14-0098403		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain, low back pain, and shoulder pain reportedly associated with an industrial injury of September 16, 2013. The claimant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 6, 2014, the claims administrator partially certified a request for six trigger point injections as four trigger point injections. The applicant's attorney subsequently appealed. In a November 1, 2013, physical therapy progress note, it was acknowledged that the applicant was not working as of that point in time. In a September 2, 2014, progress note, the applicant reported persistent complaints of headaches, neck pain, and reported cognitive disturbance. The applicant was asked to go to the gym and perform home exercises. Myofascial tender points were noted about the cervical paraspinal musculature. The applicant was asked to return to regular duty work. In an August 4, 2014, progress note, the applicant again reported persistent complaints of headaches, neck pain, and shoulder pain. Myofascial tender points were reportedly palpated. The applicant was asked to continue using a TENS unit and return to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point injections X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Trigger Point Injections

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

**Decision rationale:** As noted on page 122 of the Chronic Pain Medical Treatment Guidelines, no more than three to four trigger point injections should be performed per session. In this case, the attending provider did not clearly outline any rationale for trigger point injections in an amount in excess of California Medical Treatment Utilization Schedule (MTUS) parameters. Therefore, the request is not medically necessary and appropriate.