

<b>Case Number:</b>	CM14-0212521		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: California

Certification(s)/Specialty: Internal Medicine

### 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 patient is an injured worker with a history of neck pain. The patient reported a date of injury on 08/26/2013. The mechanism of injury reportedly occurred when the patient was compressing materials and removing debris and was working in an awkward position when he felt a popping sensation and twinge on the right side of his neck. His diagnoses included brachial neuritis or radiculitis. Current medications were noted to include Ibuprofen, Baclofen, Norco 10/325 mg, and Lisinopril. The diagnostic studies included an MRI magnetic resonance imaging of the cervical spine dated 10/21/2013 which was noted to reveal at C4-5 a 2 mm disc osteophyte complex with mild to moderate central canal narrowing and mild left neural foraminal narrowing. At C6-7 there was a 1 mm to 2 mm central disc osteophyte complex with mild central canal narrowing and mild left neural foraminal narrowing. At C5-6 and C3-4 there was mild central canal superimposed congenital narrowing of the spinal canal. Other therapies were noted to include physical therapy visits and activity modification. The clinical note dated 11/21/2014 indicates the patient presented with pain rated at 8/10 with medications and without at 10/10. The patient indicated that his activity level has remained the same. His cervical spine range of motion revealed flexion to 34 degrees, extension to 30 degrees, right lateral bending to 25 degrees, left lateral bending to 25 degrees, left lateral rotation to 60 degrees, and right lateral rotation to 60 degrees. The examination of the paravertebral muscles, hypertonicity, tenderness and trigger points noted on both sides. The Spurling's maneuver caused pain in the muscles of the neck radiating to upper extremity. There was trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on the right trapezius muscle and right supraspinatus

muscle. Motor strength was rated at 5/5, and light sensation was noted to be decreased over medial forearm on the right side. Upper extremities revealed reflexes to be within normal limits. Treatment plan was documented. Trigger point injections to the cervical paravertebral muscles were requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trigger Point Injection to the Cervical Paravertebral Muscles: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Trigger point injections. Page(s): 122. Decision based on Non-MTUS Citation Work Loss Data Institute. Bibliographic Source: Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. Various p. Guideline.Gov

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that trigger point injections have limited lasting value. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that injection of trigger points have no proven benefit in treating acute neck and upper back symptoms. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that trigger point injections are not recommended. Medical records document a history of neck pain. MTUS, ACOEM, and Work Loss Data Institute guidelines do not support the medical necessity of trigger point injection of the neck and upper back. Therefore, the request for trigger point injection to the cervical paravertebral muscles is not medically necessary.