

<b>Case Number:</b>	CM14-0213118		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Physical Medicine & Rehabilitation

### 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 48 year old male who sustained an industrial injury on 08/14/2013. Mechanism of injury occurred when he was participating in a tactical handcuffing exercise. He injured his left hand arm and neck. Diagnoses include cervical disc injury status post fusion C3 through C7, significant myofascial pain in the neck, upper back and right arm, diabetes and significant depressive symptoms. Treatment to date has included diagnostic studies, medications, physical therapy, and sessions with a psychologist. A computed tomography of the cervical spine revealed anterior cervical fusion at C3-4, and C6-7, and there does appear to be some partial solid bony union across these levels. No evidence of any disc or osteophyte significantly encroaching on the spinal canal. There are degenerative changes of the Luschka and facet joints throughout the cervical spine but no significant encroachment on the neural foramina. Multiple medications have been tried and he has not been able to tolerate them. A spinal cord stimulator was recommended and the injured worker has had a Transcutaneous Electrical Nerve Stimulation unit in the past which made his pain worse, so he is concerned a Spinal Cord Stimulator may exacerbate his symptoms. He is also afraid to pursue any further surgery or any invasive procedures. He did have a postoperative infection and that continues to be quite frightening to him. A physician progress note dated 11/12/2014 documents the injured worker refuses spinal injections which were recommended for the pain from his neck extending into his arm. He has significant diffuse tenderness in the right cervical thoracic region into the shoulder to light touch. He has significantly limited range of motion of the cervical spine and only 10-15 degrees of rotation bilaterally and 0-5 degrees of side-bending. Pain is reproduced with these motions. The treatment plan is for trigger point injections, which he has consented to after much coaxing from his wife who has experience in this area of medicine. He is not taking the Lyrica because it

makes him too sleepy. Cymbalta was recommended for his depression but he is adamant not to use anything that he can become "addicted to". Treatment requested is for Trigger point injections.

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

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

**Trigger point injections:** Upheld

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

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

**Decision rationale:** Per the 11/12/14 report the requesting physician states the patient presents with significant diffuse tenderness in the right cervical thoracic region with limited range of motion s/p post fusion C3 through C7. The patient's diagnoses include Significant myofascial pain in the neck, upper back and right arm. The current request is for TRIGGER POINT INJECTIONS per the 11/12/14 report. The 11/21/14 utilization review states TPI x 3 was modified to one series of no more than 4 injections approved with subsequent injections upon documentation of functional improvement. The patient is not working. The MTUS, Trigger point injections, Page 122 has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. MTUS also states, "Not recommended for radicular pain." Also, "Not recommended for typical back pain or neck pain" Criteria for use of Trigger point injections include the following: "No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." The 12/04/14 report states that the patient received 3 Trigger point injections date unknown, but presumably following the 11/12/14 request. The patient tolerated the injections well and there were no side effects. The treatment plan states a follow up set of injections are to be scheduled. In this case, the MTUS guidelines require documentation of greater than 50% pain relief and functional improvement for six weeks following an injection to support repeat injections. The reports provided for review show no documentation of the amount of pain relief or functional improvement. Therefore, the request IS NOT medically necessary.