

<b>Case Number:</b>	CM14-0216832		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant filed a claim for chronic neck pain reportedly associated with an industrial injury of May 7, 2013. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for trigger point injections to the cervical spine. An October 7, 2014 progress note was referenced in the determination. The claims administrator noted that the applicant had received previous cervical epidural steroid injection therapy, a TENS unit, and physical therapy. The applicant's attorney subsequently appealed. In an emergency department note of December 13, 2014, the applicant reported heightened complaints of neck pain with the complaint of shooting pain to the bilateral hands. The applicant characterized her pain complaints as shooting electricity. The applicant was receiving both workers compensation indemnity benefits and disability insurance benefits, it was suggested. The applicant was given an injection of Dilaudid and discharged in reportedly stable condition. In an outpatient progress note dated December 10, 2014, the applicant was given trigger point injections in the clinic setting, despite having ongoing complaints of neck pain radiating into the arms, exacerbated by gripping and grasping. Complaints of headaches were also evident. Duragesic patches were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 10 trigger point injections with 1 cc Kenalog 40 mg and 9 cc of Xylocaine to the cervical spine, DOS 11/13/14: 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:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain but, rather, should be reserved for myofascial pain syndrome. Here, the applicants' pain complaints are, quite clearly, primarily and/or predominantly radicular in nature. The applicant presented on an emergency department visit of December 13, 2014 and on an office visit of December 10, 2014 with ongoing complaints of neck pain radiating into the arms. Electric like sensations were noted, all of which were suggestive of an active radicular process. It is further noted that the request for trigger point injections represents a request for repeat trigger point injections. The applicant has apparently had previous trigger point injections in the past, the treating provider has acknowledged. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines notes that pursuit of repeat trigger point injections should be predicated on evidence of functional improvement with earlier blocks. Here, the applicant was/is off of work. The applicant is receiving both workers compensation indemnity benefits and disability insurance benefits. The applicant remains dependent on opioid agents such as Duragesic. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier trigger point injections. Therefore, the request was not medically necessary.