

<b>Case Number:</b>	CM15-0000131		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/23/2001
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35 year old female who sustained an industrial injury on January 23, 2001. The injured worker reported neck pain. The diagnoses have included cervical radiculopathy, cervical pain, a cervical five through seven fusion, shoulder pain and mood disorder. Treatment to date has included diagnostic testing, physical therapy, psychological testing and pain management. Current documentation dated November 20, 2014 notes that the injured worker reported increased pain levels rated at an eight out of ten on the Visual Analogue Scale. There were no radicular symptoms to the right arm noted. Physical examination of the cervical spine revealed tenderness with spasms and trigger points in the paravertebral muscle spasms. Spurling's test was positive for pain in the neck, but did not produce radicular symptoms. Motor testing was decreased secondary to pain. On December 31, 2014, the injured worker submitted an application for IMR for review of one trigger point injection to the cervical paravertebral region. On December 4, 2014 Utilization Review non-certified the request a one trigger point injection to the cervical paravertebral region. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 trigger point injection to the cervical paravertebral:** Overturned

**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, 122 Page(s): 122.

**Decision rationale:** The claimant is more than 10 years status post work-related injury with treatments including a multilevel cervical fusion. When seen by the requesting provider, findings of a trigger point are documented. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is documented and the claimant has undergone extensive prior treatments. Therefore the requested trigger point injection is medically necessary.