

<b>Case Number:</b>	CM15-0001690		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/03/1982
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 patient is an 84-year-old male with an injury date of 05/03/82. Based on the 12/09/14 progress report provided by treating physician, the patient complains of chronic neck pain rated 02/10 with medication. Physical examination to the cervical spine showed restricted range of motion with flexion limited to 40 degrees, extension limited to 10 degrees and pain but normal lateral rotation to the left and right. On examination of paravertebral muscle, tenderness is noted on both sides. Spurling's maneuver causes pain in the muscles of the neck but there are no radicular symptoms. There was trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscle on left trapezius muscle left. Patient's medications include Zanaflex, Nucynta, Ambien, Diovan, Metformin, Methimazole, Zetia, Rapaflo, Finasteride, and Amlodipione. Per the UR letter dated, 12/23/14, in 2008, the patient received one cervical TPI with 40% pain relief for 1 to 2 weeks. Patient is permanent and stationary. Diagnosis 12/09/14 Cervical facet syndrome Cervical pain Spasm of muscle. The utilization review determination being challenged is dated 12/23/14. The rationale is "the patient has not undergone treatment with active rehabilitative measures for the new trigger points". Treatment reports were provided from 12/24/13 - 01/08/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Trigger Point Injection (Cervical Paravertebral, Left Trapezius): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection.

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

**Decision rationale:** The patient presents with chronic neck pain rated 02/10 with medication. The request is for 1 TRIGGER POINT INJECTION (CERVICAL PARAVERTEBRAL, LEFT TRAPEZIUS). On examination of paravertebral muscle, tenderness is noted on both sides. Spurling's maneuver causes pain in the muscles of the neck but there are no radicular symptoms. There was trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscle on left trapezius muscle left. Patient's diagnosis on 12/09/14 included cervical facet syndrome, cervical pain, and spasm of muscle. Patient is permanent and stationary. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Per progress reports dated 12/09/14, the patient meets several of the criteria which indicate that trigger point injections could be medically appropriate per MTUS: Documentation of circumscribed trigger points with referred pain, symptoms which persist greater than 3 months, and no diagnosis of radiculopathy. However, MTUS guidelines indicate that for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. In this case, per the UR letter dated, 12/23/14, in 2008, the patient has received one cervical TPI with 40% pain relief for 1 to 2 weeks. Therefore, this patient does not meet the criteria for repeat trigger point injections. This request IS NOT medically necessary.