

<b>Case Number:</b>	CM15-0014612		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Arizona  
 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 59-year-old male who reported an injury on 07/18/2012, due to performing his regular job duties. On 12/31/2014, he presented for a followup evaluation. He reported pain in the left scapula, and associated headaches and weakness of the left arm, rated at a 4/10, with a 1/10 at its best and an 8/10 at its worst. A physical examination of the bilateral shoulders showed no tenderness to palpation and no instability. The cervical spine showed full flexion and extension, with no tenderness to palpation or appreciable trigger points. Examination of the thoracic spine showed no limitation on range of motion. On examination of the paravertebral muscles, tight muscle band and trigger points, with a twitch response obtained, along with radiating pain on palpation, was noted on the left side. It was noted that he had failed treatment with physical therapy, acupuncture, chiropractic treatment and a TENS unit. He was diagnosed with spasm of the muscle. The treatment plan was for a trigger point injection to the left paravertebral area to treat the injured worker's trigger point.

### 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 left paravertebral area:** 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:** The California MTUS Guidelines indicate that criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence of a twitch response upon palpation, as well as referred pain; symptoms have persisted for more than 3 months; and medical management therapy, such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants, have failed to control pain. The documentation provided does show that the injured worker had palpable trigger points with a twitch response and referred pain. It was also stated that he had failed conservative treatment. However, the request fails to mention how many injections are being requested. Without this information, the request would not be supported. As such, the request is not medically necessary.