

<b>Case Number:</b>	CM15-0124283		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	04/22/2008
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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 63-year-old male, who sustained an industrial injury on 04/22/2008. He has reported injury to the neck, bilateral shoulders, and upper back. The diagnoses have included cervicalgia; multilevel cervical degenerative disc disease and foraminal stenosis, worst at C5-6; status post disc replacement at C3-4 and fusion at C6-7, in 05/2011; bilateral upper extremity ulnar neuropathy; pain in joint, shoulder region; degenerative joint disease of shoulder region; and rotator cuff syndrome. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, physical therapy, home exercise program, and surgical intervention. Medications have included Neurontin and Percocet. A progress note from the treating physician, dated 06/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued significant neck pain, upper back pain, and also shoulder pain, worse on the right; he has numbness and tingling down both upper extremities in the ulnar distribution to both fourth and fifth digits; he has weakness, more in the left arm than right; he continues to have significant shoulder pain; and he takes Neurontin 3 to 4 times a day, and Percocet 3 to 4 times a day. Objective findings have included antalgic gait; foot drop on the left; cervical spine range of motion is slightly decreased, especially with extension and lateral tilt, and rotation, more so on the right; tenderness of the right neck; tenderness of the right shoulder with decreased range of motion; in the upper extremities, there is decreased sensory in the C7 or C8 distribution bilaterally; motor exam is positive for weakness in the left triceps; reflexes are decreased bilaterally in both biceps and triceps; and grip strengths are decreased bilaterally. The treatment plan has included the request for outpatient trigger point injections for the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient trigger point injections for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability 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 has a remote history of a work injury occurring in April 2008 and continues to be treated for neck and upper back and bilateral shoulder pain with numbness and tingling in the upper extremities. When seen, he was taking Neurontin and Percocet. Physical examination findings included decreased cervical spine range of motion with muscle spasms and tenderness. There was decreased shoulder range of motion with tenderness. There was decreased strength and sensation. Authorization for trigger point injections was requested. Criteria for a trigger point injection 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 not documented and the requested trigger point injection is not medically necessary.