

<b>Case Number:</b>	CM15-0178723		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 female, who sustained an industrial-work injury on 12-2-02. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia status post cervical fusion, anxiety and depression. Medical records dated (8-6-15 to 8-13-15) indicate that the injured worker complains of severe flare in neck pain. She reports temporary improvement and slightly less neck pain after the trigger point injections. She reports that her pain level is still higher than baseline. She reports tightness, burning and aching in the bilateral trapezius. The pain is constant and she reports it's like "a tight rubber band sensation." She also reports intermittent spasms in the trapezius bilaterally. The physician indicates in the medical records that the injured worker is unable to use non-steroidal anti-inflammatory drugs as she has severe Gastroesophageal reflux disease (GERD). Per the treating physician, report dated 8-13-15 the work status is permanent and stationary. The physical exam dated from (8-6-15 to 8-13-15) reveals severe tightness and pain with bilateral rotation and bilateral flexion of the cervical spine. There is severe tightness and tenderness over the bilateral trapezius and intrascapular muscles. Taut muscular bands are palpable. Palpation over the trapezius reproduces pain symptoms, which radiate toward the base of the skull. She reports an altered sensation to pressure on the tender spot. There is local twitch response with palpation and tenderness and tightness over the bilateral occipital ridge. The Spurling's maneuver causes pain along the facet joints. Treatment to date has included pain medication, Hydrocodone, Xanax, Omeprazole, psyche care, trigger point injection 5-11-15, 7-30-15 with slightly less neck pain noted, 8-6-15 with temporary improved neck pain and 8-13-15, daily stretching exercises, and other modalities. The requested service included Trigger Point Injections Cervical (DOS: 8-6-2015 and 8-13-2015). The original Utilization review dated 8-20-15 non-certified the request for Trigger Point Injections Cervical (DOS: 8-6-2015 and 8-13-2015).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections Cervical (DOS: 8/6/2015 and 8/13/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 2002 with treatments including a cervical spine fusion. She was seen on an urgent basis on 05/13/15. She was having a severe flare-up of neck pain with tightness and trigger points. Physical examination findings included bilateral trapezius and interscapular trigger points with documentation of taut muscle bands, twitch responses, and referred pain in an expected pattern. Trigger point injections were performed. These were repeated on 07/30/15. On 08/06/15, she was seen for another urgent visit. She had slightly less neck pain after the trigger point injections the previous week. The injections were repeated. On 08/13/15, she had ongoing pain. There had been temporary improvement after the injections performed the week before. She was having another flare-up of bilateral trapezius pain. Trigger point injections were repeated. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the claimant had trigger point injections repeated weekly after the injections done on 07/30/15 without evidence of an adequate amount of pain relief or reduction in medications. The request for repeat trigger point injections on the dates in question is not considered medically necessary.