

<b>Case Number:</b>	CM15-0025051		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 60 year old male, who sustained an industrial injury on November 7, 2011. The diagnoses have included post cervical laminectomy syndrome, cervical radiculopathy, cervical facet syndrome, mood disorder and spasm of muscle. A progress note dated November 5, 2014 provided the injured worker complains of neck pain radiating down both arms. He rates his pain as 7/10. He also has sleep disturbance due to pain. On February 9, 2015 utilization review non-certified a request for trigger point injection (cervical paravertebral; right trapezius) paraspinal spasm and trigger points to right cervical paraspinal and bilateral upper trapezius on exam. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 10, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection (Cervical paravertebral; right trapezius) Paraspinal spasm and trigger points to Right Cervical paraspinal and bilateral upper trapezius on exam: Upheld**

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

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

**Decision rationale:** Trigger point injections are recommended for treatment of chronic low back and neck pain with myofascial pain syndrome when there is evidence of trigger points with a twitch response, symptoms for over 3 months, failure of medical management therapies, no radiculopathy, and other conditions. In this case, the patient suffers from a radiculopathy which is a contraindication to trigger point injections. Also, there is no documentation of efficacy from prior trigger point injections. Thus, the request for trigger point injection is not medically necessary and appropriate.