

<b>Case Number:</b>	CM15-0096377		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old female with a July 15, 2010 date of injury. A progress note dated April 21, 2015 documents subjective findings (significant flare up of neck pain; rather severe pain in the mid thoracic spine with mild radiation to the chest wall), objective findings (pain upon palpation of the cervical spine with diminished range of motion; ambulates with discomfort; rather significant pain upon palpation in the mid thoracic spine), and current diagnoses (status post cervical spinal fusion; cervical spondylosis; thoracic spondylosis without myelopathy). Treatments to date have included trigger point injections (didn't improve symptoms significantly), imaging studies, heat, medications, and surgeries. The treating physician documented a plan of care that included x-rays of the cervical spine, pain management referral, magnetic resonance imaging of the thoracic pain, and cervical trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for an MRI of the thoracic spine is not medically necessary. CA MTUS/ACOEM Guidelines state that MRI is recommended for neck and upper back conditions when red flags for fracture or neurologic deficits associated acute trauma, infection or tumor exist. This case does not meet the criteria guidelines. There is no evidence of a severe or progressive neurologic deficit documented in the medical records submitted. In addition, there is no evidence of a recent trial and failure of conservative therapy to justify an MRI at this time. This request is deemed not medically necessary or appropriate.

**Cervical trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines have very specific requirements for trigger point injections. One of these requirements is documentation of "circumscribed trigger points with evidence on palpation of a twitch response as well as referred pain." In this case, none of the documentation describe the specific findings. Further, physical examination does not document exactly where the trigger points are located. The request also does not document how many trigger points are to be injected. MTUS Guidelines limited the number of injections to 3-4/session. Thus, the request for trigger point injections is deemed not medically necessary or appropriate.