

Case Number:	CM13-0007583		
Date Assigned:	03/07/2014	Date of Injury:	11/28/2006
Decision Date:	04/10/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a female with a 11/28/06 date of injury. At the time of request for authorization for trigger point injections to the posterior shoulder region x 3, there is documentation of subjective focal points of tenderness on the left side of the neck as well as the base of the neck and objective focal point of tenderness on the left mid paracervical muscle findings, C/S MRI (5/07) report revealed small C7-T1 meningocele, otherwise normal, current diagnoses include neck pain, and treatment to date includes medications, PT, and MBBs. There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE POSTERIOR SHOULDER REGIONS X3:

Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present by exam, imaging, or neuro-testing; and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of neck pain. In addition, there is documentation that symptoms have persisted for more than three months; that medical management therapies such as ongoing stretching exercises, physical therapy, and medications have failed to control pain; that radiculopathy is not present by exam and imaging; and that no more than 3-4 injections were to be done per session. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections to the posterior shoulder region x 3 is not medically necessary.