

<b>Case Number:</b>	CM13-0008574		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/10/2006
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 at least 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:

The patient is a 51-year-old female who reported an injury on 11/10/2006. The mechanism of injury was not provided. The patient was noted to have right shoulder pain. However, the rest of the office note was difficult to read as it was handwritten and a faxed copy. The physical examination was illegible. The patient's diagnoses were noted to include long-term meds and subacromial bursitis. The request was made for a right bicipital tendon trigger point injection times 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Bicipital Tendon Trigger Point Injection x 1 (20610): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

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

**Decision rationale:** The California MTUS Guidelines indicate that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. The clinical documentation submitted for review failed to provide that the patient had myofascial pain syndrome of the low back or neck. There is a lack of legible

documentation indicating the rationale for the requested service. Given the above and the lack of legible documentation to support the usage of the requested service, the request for a right bicipital tendon trigger point injection times one (20610) is not medically necessary