

Case Number:	CM13-0011291		
Date Assigned:	06/16/2014	Date of Injury:	03/09/2013
Decision Date:	08/08/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/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 40-year-old woman who sustained a work-related injury on March 9, 2013. Subsequently she developed with the neck and back pain as well as right arm pain. According to the note dated on July 25, 2013, the patient pain was 7/10. The her physical examination demonstrated the cervical tenderness with reduced range of motion, positive Spurling test to the right shoulder, right shoulder abduction and flexion 30/45, AC joint tenderness, positive Hawkins test, positive drop arm, positive cross arm adduction and trigger point medial to the scapula. There is no focal motor deficit except for 4 or 5 right shoulder strength a cervical MRI performed on June 29, 2015 demonstrated diffuse disc protrusion. The patient underwent the 6 sessions of physical therapy with mild to moderate pain relief. The patient was reported to have persistent pain despite acupuncture and pain medications. The provider requested authorization for trigger point injections under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS RIGHT THORACIC SPINE UNDER ULTRASOUND VISUALIZATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: According to MTUS guidelines and regarding shoulder pain, Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. There is no clear evidence of thoracic spine myofascial pain. There is no documentation from the patient file that she had; 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) or Radiculopathy is not present. Therefore, the request for trigger point injections right thoracic spine under ultrasound visualization is not medically necessary.