

Case Number:	CM13-0020835		
Date Assigned:	05/21/2014	Date of Injury:	11/15/2006
Decision Date:	07/11/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/06/2013

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 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 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 injured worker is a 52-year-old male who reported an injury on 11/15/2006 as results of a motor vehicle accident. Within the clinical note dated 03/28/2014, the injured worker reported completion of physical therapy with significant improvement in range of movement after trigger point injections. The injured worker continued to experience pain in the left shoulder with burning and numbness down the medial aspect of the left arm. He rated his pain an 8/10 without the pain medications and reduced to 5/10 with the pain medications. The report further stated that additional physical therapy sessions were denied by the injured worker's insurance. Medications listed at the time were Topamax 100 mg 3 times a day, Fioricet twice a day, Flexeril 10 mg twice a day, gabapentin 600 mg twice a day, and hydrocodone with APAP 10/325 mg twice a day. The physical exam revealed limited range of movement within the left shoulder with strength in motor testing rated 5/5 throughout. It is further noted that the injured worker had returned to full time work status. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER TRIGGER POINT INJECTION #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS, Page(s): 122.

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

Decision rationale: The request for trigger point injections in the cervical and thoracic/lumbar spine is not medically necessary. The CA MTUS guidelines recommend trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The injured worker upon physical examination was noted to have completed a previous round of trigger point injections with successful outcomes; however, documentation in the latest physical exam provided did not show any evidence of a positive twitch response and referred pain. Lastly, there was a lack a significant objective functional gains and a documented 50% relief of pain. Without documentation the injured worker had recurrent symptoms as reported prior to the previous trigger point injections, documented 50% relief from previous injections, documented objective functional gains, and the injured worker would be continuing physical therapy or other active modalities the request is not supported by the guidelines at this time. Thus, the request is not medically necessary.