

Case Number:	CM13-0035893		
Date Assigned:	03/26/2014	Date of Injury:	01/01/2012
Decision Date:	04/30/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 Pain Management, has a subspecialty in Anesthesiology and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 01/01/2012 after a large cushion fell on her right shoulder. The patient was evaluated on 09/20/2013, and it was noted that the patient had 9/10 pain that was reduced to a 5/10 with ibuprofen usage. It was also noted that the patient had right-sided trigger point injections in 04/2013. Physical findings included diffuse tenderness to the bilateral trapezius and the cervical spine. The patient's diagnoses included cervical radiculopathy and right facial sensory deficit. The patient's treatment plan included epidural steroid injections and the continuation of medications. A request was made for bilateral trapezius trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRAPEZIUS TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 requested bilateral trapezius trigger point injections are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends

trigger point injections for patients who have palpable circumscribed trigger points with a twitch response in conjunction with participation in an active therapy program. The clinical documentation submitted for review does not provide any evidence that the patient has palpable trigger points that would benefit from trigger point injections. Additionally, there is no documentation that the patient is currently participating in an active therapy program that would benefit from an adjunct therapy such as trigger point injections. As such, the requested bilateral trapezius trigger point injections are not medically necessary or appropriate.