

<b>Case Number:</b>	CM13-0035989		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/09/2000
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Emergency Medicine 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.

### CLINICAL CASE SUMMARY

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

Patient with a date of injury of 4/9/2000. Reported injury from repetitive injury at work. Pt with diagnosis of cervical disc disease, diffuse myofascial pain syndrome, R sternoclavicular joint dysfunction. There is also report on lower extremity pains. Records from [REDACTED] ([REDACTED]) reviewed; last report provided was from 7/29/13. Chart reports that pt has complaints of L shoulder, L arm and leg pains ranging from 3-7/10. Objective exam reveals tender trigger points in neck and posterior shoulders and with good range of motion(ROM) of the shoulder but impingement pain at 90degrees. Pt was given trigger point injections on 6/18/13 and 5/10/13 with some improvement(No objective information on improvement). Pt is undergoing daily Edgelow routine exercises. Plan for physical therapy, continued Edgelow therapy and trigger point injection. An MRI was ordered to rule out rotator cuff tear. Has been treated with myofascial therapy with good improvement, laser treatment of L shoulder, physical therapy, medication and acupuncture. Earliest report provided shows that shoulder pain has been ongoing at least since 8/12 but likely longer. Report from cognitive behavioral therapist(7/12/13) shows compliance with physical therapy and pain/stress management regiment. Prior visit was 3/21/13. Medication noted to be zanaflex only. Review is for request for MRI of L shoulder and trigger point injections(retrospective). Utilization review on 9/5/13 recommended non-certification of of MRI and trigger point injection. It approved myofascial therapy. Utilization review on 10/18/13 involved peer to peer discussion to clarify reasoning for trigger point injection. Documentation states that trigger point injections allow the patient to work regularly and improves pain at least 50%. It reversed the prior non-certification for trigger point injection and approved the trigger point injections that the patient was receiving.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** As per ACOEM guidelines, imaging of affected shoulder may be considered in emergency "red flag" symptoms, neurovascular compromise, failure to progress in strengthening program intended to prevent surgery and pre-invasive procedure. Records provided show that patient's symptoms has been ongoing for over a year with minimal improvement with physical therapy, medication and pain management program requiring trigger point injections for improvement in pain and function. Pt has not shown significant improvement in pain despite conservative therapy and objective exam is positive for impingement test at 90degrees. As per ACOEM guidelines, MRI of shoulder is recommended.

**Retrospective trigger point injections performed on 7/29/2013:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections.

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

**Decision rationale:** Trigger point injections is recommended in patients with myofascial pain with have some short term utility in pain control with patients with myofascial pain. With additional documentation provided in peer to peer report on 10/18/13, patient meets trigger point injection as per MTUS guideline criteria. Pt meets specific criteria for use specifically documented specific trigger point pain, pain more than 3months, failure of conservative therapies, no documented radiculopathy and greater than 50% pain with functional improvement. Since patient meets criteria for trigger point injections, it is clinically appropriate and recommended.