MAXIMUS Federal Services

Case Number:	CM13-0036950		
Date Assigned:	12/13/2013	Date of Injury:	09/30/2008
Decision Date:	01/30/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/22/2013

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, has a subspecialty in Interventional Spine 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:

This is a 39 year-old female with a 9/30/08 injury claim. She has been diagnosed with: Bilateral deQuervain's tenosynovitis; bilateral elbow and shoulder pain consistent with lateral epicondylitis and rotator cuff tendinitis; cervical and upper shoulder strain with myofascial pain. The IMR application shows a dispute with the 9/19/13 UR decision. The 9/19/13 UR decision is by [redacted] and is recommending non-certification for trigger point injections (TPI) for the left upper extremity (LUE) x6. The rationale for denial appears to be because the mechanism of injury was not stated, medications, dosage and frequency were not stated, surgical history was not provided, no diagnostic studies, or discussion of home exercise program. [redacted] reports finding trigger points on his 7/29/13 and 8/27/13 examinations. There are no other medical reports until the 11/18/13 AME report from [redacted], who did not find trigger points on exam, or provide a diagnosis of trigger points, or myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections for left upper extremity x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 122.

Decision rationale: The 7/29/13 report from [redacted] states that the EMG for the upper extremities was denied. He states he discussed TPI as an option. The exam shows tenderness in the cervical paraspinals, upper trapezius, levator scapulae, and periscapular region. It states "trigger points are again identified in these areas" On the 8/27/13 exam, [redacted] states there is a positive twitch response with muscle nodules and taut bands, along the bilateral cervical paraspinals, upper trapezius, levator scapular and periscapular regions. He requests TPI x6 for the trigger points identified. I am also provided with the 11/18/13 orthopedic AME report from [redacted], who notes [redacted] requests for TPI had been denied by UR. [redacted] did not report any trigger point findings on his exam, and did not mention any diagnoses of trigger points or myofascial pain syndrome. At this time, TPI are not in accordance with MTUS guidelines, because there were no findings of TPI on the 11/18/13 evaluation. TPI would not have been necessary on the 7/29/13 or 8/27/13 dates, because they do not meet MTUS criteria of persisting more than 3-months. The request is not in accordance with MTUS guidelines.