

Case Number:	CM13-0037350		
Date Assigned:	06/20/2014	Date of Injury:	03/17/2011
Decision Date:	07/29/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/01/2013

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 Internal 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 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 an injured worker with shoulder, neck, back conditions. The date of injury was 3/17/2011. A progress report with exam 9/10/2013 report was provided by the provider. Subjective complaint reveals left shoulder, neck, and back pain. Objective findings reveals cervical tenderness is present in the cervical region bilaterally (grade 2). There is tenderness of the following cervical spinous levels: C3, C4, C5, C6 and C7 (grade 2). There is hypertonicity of the cervical region on both sides (moderate). Tenderness is present in the thoracic region bilaterally (grade 3). Evaluation of the thoracic spinal area shows hypertonicity in the trapezius bilaterally (severe). Examination of the shoulder indicated discomfort and pain in the left supraspinatus (grade 2). Range of motion was decreased in cervical spine and left shoulder. The diagnoses include left shoulder tenosynovitis, cervicgia, cervical muscle spasms, cervical myalgia/myofascitis, thoracalgia, post op left shoulder. A utilization review dated 09-25-2013 recommended non-certification of the request for trigger point injection left shoulder C spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection, left shoulder ([REDACTED] RFA 8/27/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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: The CA MTUS guidelines addresses trigger point injections. Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. The criteria for the use of trigger point injections include: (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) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, the progress report with exam on 9/10/2013 documented that examination of the shoulder indicated discomfort and pain in the left supraspinatus. There was no documentation of circumscribed trigger points with evidence upon palpation of a twitch response - which is required by MTUS guidelines. Therefore, the medical records and MTUS guidelines do not support the medical necessity of trigger point injection of left shoulder. As such, the request for trigger point injections left shoulder is not medically necessary.

Trigger Point Injection to cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. Various p.

Decision rationale: The CA MTUS guidelines addresses trigger point injections. Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. The criteria for the use of trigger point injections include: (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) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, the progress report with exam on 9/10/2013 documented physical examination. Cervical tenderness is present in the cervical region bilaterally. There is tenderness of the following cervical spinous levels: C3, C4, C5, C6 and C7. There is hypertonicity of the cervical region on both sides. Tenderness

is present in the thoracic region bilaterally. Evaluation of the thoracic spinal area shows hypertonicity in the trapezius bilaterally. There was no documentation of circumscribed trigger points with evidence upon palpation of a twitch response - which is required by MTUS guidelines. The ACOEM states that injection of trigger points have no proven benefit in treating acute neck and upper back symptoms. The Work Loss Data Institute guideline Neck and upper back (acute & chronic) states that trigger point injections are not recommended. Since the MTUS and ACOEM, and Work Loss Data Institute guidelines do not support the medical necessity of trigger point injection of the cervical spine. Therefore, the request for trigger point injections to cervical spine is not medically necessary.