

Case Number:	CM13-0047125		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2011
Decision Date:	02/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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, and is licensed to practice in Texas. 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:

The patient is a 42-year-old who reported an injury on 07/11/2011. The mechanism of injury was stated to be repetitive trauma. The patient was noted to have pain starting in the right chest area and radiating over the shoulder into the right side of the neck and into the right arm. The patient was noted to have range of motion with bilateral shoulder within normal limits; however, the patient noted pain with abduction of the right shoulder to 100 degrees to 110 degrees with active motion. The cervical spine was noted to have full range of motion with minimal pain. The patient's diagnoses were noted to include myofascial pain in the neck area and limb pain. The request was made for trigger point injections x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections of the neck and shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Section Page(s): 121-122.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain.

Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review failed to provide the patient had documentation of circumscribed trigger points with evidence on palpation of a twitch response and referred pain. The patient as noted to have failed physical therapy and daily exercises and to have been better with a TENS unit and injections, surgery, and heat. There was lack of documentation of myotomal and dermatomal findings to support the request. Additionally, as there was note of injections, there was lack of documentation indicating the type of injections that were received except for an epidural steroid injection. The request for trigger point injections of the neck and shoulder is not medically necessary or appropriate.