

Case Number:	CM13-0050021		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2013
Decision Date:	03/06/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

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 Family Practice 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 35 -year-old female who reported a work related injury on 06/20/2013, the mechanism of injury not specifically stated. Subsequently the patient presents for treatment of the following diagnoses: sprain/strain of the shoulder, sprain of the thoracic spine, suspicion of bursitis. Clinical note dated 10/10/2013 reports the patient was seen under the care of [REDACTED]. Provider documents patient presents with continued complaints of thoracic pain, pain along the left scapular border, increasing at night and then in the morning. Provider documents patient utilizes nortriptyline 1 tab by mouth at bedtime as needed. The provider documents, upon physical exam of the patient, left shoulder exam revealed full range of motion strong in all planes. Left parascapular median border tender upon palpation. Thoracic spine had full range of motion as well as the cervical spine. The provider request to authorization for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) trigger point injection (thoracic spine/left scapula): 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)

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

Decision rationale: The current request is not supported. Clinical documentation submitted for review fails to evidence significant objective findings of symptomatology to support the requested intervention at this point in the patient's treatment. The California MTUS indicates specific criteria for trigger point injections to include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, in addition to symptoms having persisted for more than 3 months and medical management therapy such as stretching exercises, physical therapies and anti-inflammatories and muscle relaxants fail to control the patient's pain. Given all the above, the request for trigger point injection thoracic spine/left scapula is neither medically necessary nor appropriate.