

Case Number:	CM13-0051357		
Date Assigned:	12/27/2013	Date of Injury:	07/18/2009
Decision Date:	05/23/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 59-year-old female who reported an injury on 07/18/2009. The mechanism of injury was not stated. Current diagnosis is shoulder joint derangement. The injured worker was evaluated on 10/04/2013. The injured worker reported 7/10 neck pain with bilateral shoulder pain. Physical examination revealed tenderness to palpation with painful range of motion. Treatment recommendations included 2 trigger point injections into the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should also be evidence of a failure to respond to medication management therapies. As per the

documentation submitted, there was no evidence of circumscribed trigger points with a twitch response and referred pain. There is also no evidence of a failure to respond to conservative treatment such as exercises, physical therapy, NSAIDS, and muscle relaxants. Therefore, the injured worker does not meet criteria for the requested service. As such, the request for Trigger Point Injections X2 are not medically necessary.