

Case Number:	CM13-0057021		
Date Assigned:	12/30/2013	Date of Injury:	03/13/2007
Decision Date:	03/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 & 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 patient is a 63-year-old female with date of injury of 03/13/2007. Per treating physician's reports 11/11/2013, presenting symptoms are back and bilateral upper extremity pains at an intensity of 7/10, localized to the neck, radiation into bilateral shoulders, down to hands. Listed diagnoses are: (1) Chronic pain, (2) Repetitive strain injury of the shoulder, neck, and upper extremities, (3) Pain in limb. Examination showed tenderness with palpation around the wrist, right shoulder girdle tenderness over the transverse fibers of the trapezius muscle. Under treatment and plan, the treating physician indicates, "There are trigger points in the right trapezius muscle that may respond to a trigger point injection, which I will request today."

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to right transverse trapezius fibers: 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: This employee suffers from chronic neck and shoulder pains without documentation of myofascial pain syndrome. The treating physician on examination noted some tenderness in the right shoulder girdle muscle particularly over the transverse fibers of the trapezius muscle. He has asked for trigger point injection to this area. The MTUS Guidelines page 122 provides a detailed discussion regarding trigger point injections. It states under criteria for the use of trigger point injections, "trigger point injection with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than 3 months", et cetera. In this case, while the treating physician documents tenderness to palpation, he does not document that this is a trigger point with a twitch response or referred pain. Therefore, recommendation is for denial.