

<b>Case Number:</b>	CM13-0060173		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/23/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Pain Management 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 45-year-old female who reported an injury on 07/23/2011. The mechanism of injury was a fall. The patient's most significant complaint at the time of the injury was shoulder pain and she has since received multiple treatments for this. Conservative care has included physical therapy, cervical epidural steroid injections, intra-articular steroid injections to the shoulder, and an eventual right shoulder subacromial decompression with acromioplasty and coracoacromial release surgery, on 03/09/2012. Over the years, the patient has developed some symptoms indicative of complex regional pain syndrome and had received a stellate ganglion block to an unknown region with an unknown benefit. Despite significant treatment interventions, the patient continues to have range of motion difficulties in the shoulder with pain in performing exercises. The patient's current diagnoses include occipital neuralgia, 723.8; cervical radiculopathy, 723.4; and shoulder adhesive capsulitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections X4 to the Supraspinatus and Infraspinatus Muscles:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines recommend trigger point injections for myofascial pain syndrome only if certain criteria are met. Clinical information should provide documentation of circumscribed trigger points with evidence upon palpation, of a twitch response as well as referred pain; the symptoms must have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants must have failed to control pain; radiculopathy must not be present; there should be no more than 3 to 4 injections per session; and no repeat injections should be performed unless greater than 50% pain relief is obtained for 6 weeks after an injection, with documented evidence of functional improvement. The clinical information submitted for review did not provide evidence that the patient's prior trigger point injection, given on 05/20/2013, provided 6 weeks of pain relief. The follow-up note dated 06/03/2013, only 2 weeks post-injection, stated that the patient had partial pain relief but still complained of significant right shoulder pain with shoulder abduction and rotation. Subsequent notes to the 06/13/2013 clinic visit did not address the effects of the trigger point injection. In addition, there was no documented evidence of functional improvement and therefore, their efficacy cannot be determined. Furthermore, there was no recent physical examination containing documentation of a twitch response on palpation with accompanying referred pain. As such, the request for trigger point injections times 4 to the supraspinatus and infraspinatus muscles are non-certified.