

Case Number:	CM13-0061680		
Date Assigned:	12/30/2013	Date of Injury:	05/18/2009
Decision Date:	05/16/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/05/2013

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 and 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 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 patient is a 59 year old female with an injury date on 05/18/09. Based on the 08/27/13 progress report provided by [REDACTED], the patient's diagnosis include chronic pain (no specified location), joint pain in the shoulder region, degenerative cervical intervertebral disc, cervicgia, and adhesive capsulitis of shoulder myofascial pain with spasm and trigger points. [REDACTED] requests for an ultrasound guided trigger point injection to the cervical spine. The utilization review determination being challenged is dated 11/07/13 and recommends denial of the trigger point injections. [REDACTED] is the requesting provider and he provided treatment reports from 03/19/13- 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND (US) GUIDED TRIGGER POINT INJECTIONS (TPI) CERVICAL:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Trigger Point Injections.

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

Decision rationale: According to the 08/27/13 progress report by [REDACTED], the patient presents with chronic pain (no specified location), joint pain in the shoulder region, degenerative cervical intervertebral disc, cervicalgia, and adhesive capsulitis of shoulder myofascial pain with spasm and trigger points. The request is for ultrasound guided trigger point injections to the cervical spine. MTUS page 122 states that "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" is necessary for trigger point injections. The provider fails to provide any documentation of twitch response. Also, trigger points do not require ultrasound guidance. Trigger points are exam findings not seen with ultrasound, the request is not medically necessary.