

<b>Case Number:</b>	CM13-0062716		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 52-year-old male who reported an injury on July 17, 2012. The mechanism of injury was not provided in the medical records. The injured worker developed tenosynovitis in the right arm, right hip pain with trochanteric bursitis that had been persistent, and right low lumbar back pain with myofascial findings in the quadratus lumborum, psoas, and gluteus medius. The injured worker reported his pain level was 4/10. The injured worker had obvious findings of a trigger point to the rhomboid muscle. Past medical treatment included medications. Diagnostic studies were not included in the medical records. On October 30, 2013, a request for trigger point injections to the left shoulder was made to assist the injured worker in managing his increased pain associated with modified work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER TRIGGER POINT INJECTIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome. Trigger point injections are not recommended for radicular pain. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. The criteria for the use of trigger point injections includes: (1) documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) symptoms have persisted for more than 3 months; (3) medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDS (non-steroidal anti-inflammatory drugs), and muscle relaxants have failed to control pain; (4) radiculopathy is not present by exam, imaging, or neuro testing; (5) not more than 3 to 4 injections per session; (6) no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement; (7) frequency should not be at an interval less than 2 months; (8) trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. The documentation submitted for review indicated the injured worker had obvious findings of a trigger point to the rhomboid muscle. However, the documentation failed to provide evidence of prior conservative therapies such as ongoing stretching exercises or physical therapy. The documentation also failed to provide evidence of the failure to control pain with the use of NSAIDS or muscle relaxants. Therefore, the request is not supported. The request for left shoulder trigger point injections is not medically necessary or appropriate.