

Case Number:	CM13-0064566		
Date Assigned:	01/03/2014	Date of Injury:	04/08/2008
Decision Date:	08/12/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 Medicine 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 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 50-year-old female with a date of injury of 4/8/2008. Mechanism of injury includes a situation in which an agitated student charged the injured worker, a special education teacher. The injured worker reportedly could not specify the exact cause of injury but noted that she felt immediate pain in the right shoulder. Treatment has included physical therapy, a home exercise program, transcutaneous electrical nerve stimulation unit, heating pad and multiple Trigger Point Injections. Magnetic resonance imaging (MRI) of the right shoulder dated 9/10/13 revealed moderate arthrosis at the acromioclavicular joint with lateral down sloping acromion narrowing the lateral supraspinatus outlet. MRI of the cervical spine dated 9/10/13 revealed small anterior osteophytes from C4 to C7 with congenital narrowing of the spinal canal. There is thecal sac effacement, flattening of the left anterior cervical cord and left neural foraminal narrowing at C6-7 and flattening of the right anterior cervical cord, right anterolateral thecal sac effacement and mild central canal narrowing at C3-4. The injured worker received Trigger Point Injections x3 on 4/18/13. Clinical note dated 10/17/13 indicates those injections provided the injured worker with a pain reduction of 60% which lasted several months. The injured worker experienced a flare up of myofascial pain and received subsequent injections on 10/17/13. Trigger points producing a twitch response with radiating pain upon palpation identified the injection sites. Physical examination prior to the injections on this date revealed range of motion limited by pain at 36 flexion, 35 extension, bilateral lateral bending at 30, and bilateral lateral rotation limited to 60. Spurling's maneuver was negative, upper limb reflexes were equal and symmetric. Right Shoulder flexion and abduction were limited to 160 by pain. Hawkins and Neer tests were positive and Drop arm test was negative. Physical examination performed 11/14/13 demonstrated little to no functional improvement following the most recent Trigger Point Injections. Cervical spine range of motion was limited at 40 flexion and extension,

30 bilateral lateral bending, 70 lateral rotation to the left and 60 lateral rotation to the right. Trigger points with radiating pain and twitch response upon palpation were noted. Right shoulder inspection revealed flexion and abduction limited at 160, positive Hawkins and Neer tests and negative Drop arm test. There are no clinical notes available dating more recently than 11/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections x3 Cervical/Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The most recent clinical documentation submitted for review is dated 11/14/13. The injured worker's status cannot be derived from documentation nearly 8 months old. Moreover, the injured worker's last reported Trigger Point Injections were performed on 10/17/13. Though clinical note dated 11/14/13 indicates the injured worker experienced moderate pain relief, the objective amount of relief was not noted. Most recent physical examination revealed little to no functional improvement about the cervical spine or shoulder following the most recent reported injections. To authorize repeat injections, documentation confirming greater than 50% pain relief for a minimum of six weeks must be submitted. The submitted documentation did not meet this criteria. Based on the clinical information provided, the request for Trigger Point Injections x3 Cervical/Shoulder is not recommended as medically necessary.