

Case Number:	CM13-0064983		
Date Assigned:	01/03/2014	Date of Injury:	03/19/2011
Decision Date:	05/12/2014	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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 32-year-old female who reported an injury on 03/19/2011. The mechanism of injury occurred when the patient was pulling sheets from a dryer and felt a popping-like sensation in her left shoulder. A review of the medical record reveals the patient's diagnoses are left lateral epicondylitis, left C5 cervical radiculopathy, left cervical brachial syndrome, and chronic cervical strain with underlying cervical spondylosis and cervical stenosis. In a Qualified Medical Re-Evaluation dated 11/70/2013 it reports the patient has undergone chiropractic manipulation, activity modification, physical therapy, and prior trigger point injections. The patient continued her care under the treatment of [REDACTED]. He did have the patient undergo a series of trigger point injections and seeks authorization for a cervical epidural steroid injection which was eventually performed by [REDACTED], and the patient reported some benefit from the injection. It is noted that the patient reported the trigger point injection performed by [REDACTED] provided some short-term relief, but only seemed to last for several hours, and certainly not more than a day. On 11/20/2013, the patient stated that the left subacromial bursa injection gave her some relief, but notes tightness in the left trapezius. There was positive left shoulder impingement with decreased range of motion of the neck, and left shoulder in all planes. There were normal reflexes and motor strength of the bilateral upper extremities noted. The progress note indicates that the patient completed first round of physical therapy, however still did not have a home exercise program. Trigger point injections were administered on 11/20/2013. The requested service is for a trigger point injection to the left trapezoid with ultrasound guidance x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE LEFT TRAPEZOID WITH ULTRASOUND GUIDANCE X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: Trigger point injections to the left trapezoid with ultrasound guidance x4 are not medically necessary. Per California MTUS Guidelines, it is stated that no repeat injections should be administered unless there is greater than 50% pain relief obtained for 6 weeks after injection, and there is documented evidence of functional improvement. There is no documentation in the medical record of the patient having any significant functional improvement after receiving previous trigger point injections on 11/20/2013. It is also noted that in the clinical note dated 11/07/2013, that the patient stated the previous trigger point injections only provided her with a few hours and definitely no more than 1 day of relief. Therefore, criteria for repeat trigger point injections have not been met per California MTUS Guidelines and the request is non-certified.