

Case Number:	CM13-0066541		
Date Assigned:	01/03/2014	Date of Injury:	03/05/2013
Decision Date:	06/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine 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 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:

This is a 57-year-old female who has reported persistent pain in the shoulder region, after a ground level fall on 3/5/13. The initial diagnoses included a closed left humerus fracture and a facial contusion. She has been treated non-surgically, with acute immobilization of the arm, medications, and physical therapy. After her treating physician stated that she was maximally improved on 8/30/13, the injured worker began treatment with another physician. The second treating physician began treating with Pennsaid and prescribed a shoulder MRI, which showed an old humeral fracture, a labral tear, and degenerative changes. The treating physician reports mention a physical finding of "trigger points", without further information regarding the specific signs and symptoms. Pennsaid is reported to provide significant pain relief and improved function. As of 11/19/13 the treating physician noted ongoing regional pain in the neck and shoulder, with limited range of motion of the shoulder. Trigger point injections were prescribed. On 12/5/13, the Utilization Review non-certified trigger point injections, citing the MTUS recommendations for trigger point injections. This Utilization Review decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION- RIGHT TRAPEZIUS, LEVATOR SCAPULA, SUPRASPINATUS AND RHOMBOID MUSCLES QTY: 4.00: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines outline the criteria for trigger point injections. The treating physician has not sufficiently described "trigger points" as defined in the guidelines. The treating physician has not addressed the failure of specific treatment modalities recommended in the guidelines, such as stretching, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants, prior to performing these injections. The topical NSAID was reported to have worked quite well. The trigger point injections are not medically necessary based on the MTUS criteria for a diagnosis of a "trigger point", and the lack of documentation regarding specific failures of prior conservative care.