

Case Number:	CM13-0068705		
Date Assigned:	01/03/2014	Date of Injury:	05/11/2011
Decision Date:	05/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 50-year-old female who reported an injury on 05/11/2011. The mechanism of injury was not provided. Current diagnoses include chronic headaches, bilateral shoulder impingement syndrome, uncontrolled hypertension, and TMJ Syndrome caused by stress, pain, and headaches. The injured worker was evaluated on 10/16/2013. The injured worker reported persistent pain in bilateral shoulders and neck. The injured worker has completed a course of chiropractic therapy with improvement in symptoms. Physical examination revealed tenderness to palpation of the cervical spine, restricted range of motion, and positive impingement testing bilaterally. Treatment recommendations included a follow-up with pain management and neurology, as well as active release therapy twice per week for 4 weeks to bilateral upper extremities and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS 10/21/2013) FOR ULTRASOUND GUIDED INJECTION OF KENALOG AND LIDCAINE MIX TO TRIGGER POINT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 122.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines state trigger point injections are recommended for myofascial pain syndrome. There should be evidence of circumscribed trigger points with palpation of a twitch response, as well as referred pain. There should also be evidence of a failure to respond to medical management therapies. As per the documentation submitted, the injured worker does not demonstrate circumscribed trigger points with a twitch response upon physical examination. There is also no mention of a failure to respond to medical management therapy such as exercises, physical methods, (NSAIDs) non-steroidal anti-inflammatory drugs, and muscle relaxants. Therefore, the injured worker does not meet criteria for the requested service. As such, the request is not medically necessary and appropriate.