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| Case Number: | CM14-0001308 | | |
| Date Assigned: | 06/04/2014 | Date of Injury: | 06/26/2012 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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 39-year-old female with a reported injury on 06/26/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/25/2013 reported that the injured worker complained of left shoulder pain with an intensity of pain 4/10. The physical examination of the left shoulder revealed decreased range of motion, tenderness to palpation surrounding the injured worker's healed surgical site with moderate pain over the trapezius distribution and decreased strength. The left shoulder range of motion demonstrated flexion to 130 degrees, extension to 20 degrees, abduction to 110 degrees, adduction to 30 degrees, internal rotation to 50 degrees, and external rotation to 90 degrees. The injured worker's diagnoses included cervical myofascial pain syndrome, shoulder joint pain, and postsurgical after care. The provider requested left cervical paraspinal/trapezius muscle group trigger point injection, the specific rationale was not provided within the clinical documentation. The Request for Authorization was submitted on 01/03/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CERVICAL PARASPINAL/TRAPEZIUS MUSCLE GROUP TRIGGER POINT INJECTION: 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: The request for left cervical paraspinal/trapezius muscle group trigger point injection is not medically necessary. The injured worker complained of left shoulder pain. The treating physician's rationale for trigger point injection was not specifically provided within the clinical documentation. The California MTUS guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. There is a lack of clinical documentation indicating a twitch response was evident with palpation to trigger points. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. Given the information provided, there is insufficient evidence to determine appropriateness of trigger point injections to warrant medical necessity; as such, the request is not medically necessary.