

<b>Case Number:</b>	CM14-0005405		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/25/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 73-year-old female who sustained an injury to her right shoulder on October 25, 2007. The mechanism of injury was not documented. The injured worker has a diagnosis of previous decompressive acromioplasty and Mumford procedure. The injured worker continues to present with persistent myofascial pain about the shoulder and periscapular region. Current medications included Vicodin and Flexeril. A clinical note dated December 3, 2013 reported that the patient has tenderness along the right shoulder and parascapular region. There were trigger points with positive twitch response and muscle nodules with taut bands noted along the upper trapezius, lipitor scapular, rock rhomboid and infraspinatus muscle; palpation of these areas elicit pain, consistent with triggerpoints; neurological exam is otherwise intact; shoulder range of motion is limited with mild impingement present; bicipital and subacromial areas are moderately tender. trigger point injection x6 has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRIGGER POINT INJECTION X6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TRIGGER POINT INJECTIONS, 122

**Decision rationale:** The request for trigger point injections times six is not medically necessary. The basis for denial of the previous request was not provided. The Chronic Pain Medical Treatment Guidelines states that treatment with trigger point injections should not exceed more than three to four injections per session. No repeat injections unless there is a greater than 50% relief for six weeks after an injection and there must be documented evidence of functional improvement. Given that the request was in excess of the recommended amount of injections per session and the clinical documentation submitted for review, medical necessity of the request for trigger point injections times six has not been established