

Case Number:	CM14-0007524		
Date Assigned:	02/10/2014	Date of Injury:	03/17/2008
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, carpal tunnel syndrome, psychological stress, anxiety disorder, brachial neuritis, neck pain, and shoulder impingement syndrome reportedly associated with an industrial injury of March 17, 2008. Thus far, the applicant has been treated with analgesic medications, attorney representation, earlier carpal tunnel release surgery, psychological counseling, adjuvant medications and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 2, 2014, the claims administrator denied a request for four trigger point injections. The claims administrator seemingly denied the request on the grounds that the applicant did not have a myofascial pain syndrome for which trigger point injections would be indicated. The applicant's attorney subsequently appealed. A September 19, 2012 medical-legal evaluation was notable for comments that the applicant was off of work, on total temporary disability and had received various treatments over the life of the claim, including acupuncture, topical compounds, earlier cervical fusion surgery at C5-C6, an epidural steroid injection at C5-C6 on February 2, 2012, and trigger point injections on February 2, 2012. On November 27, 2012, the applicant was again described as reporting ongoing issues with shoulder pain, carpal tunnel syndrome, neck pain, wrist pain, insomnia, anxiety, and depression. The applicant's work status was not discussed on that date. A November 19, 2013 progress note was notable for comments that the applicant reported multifocal neck, shoulder, and bilateral wrist pain. The applicant still reported residual numbness and tingling about the right hand and digits despite earlier carpal tunnel release surgery. The applicant was status post shoulder corticosteroid injection, and three epidural steroid injections apiece to the cervical and lumbar spines, it was further stated. Authorization for right shoulder surgery was sought at that point. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation ODG, Pain Chapter

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

Decision rationale: The request in question represents a request for repeat trigger point injections. The applicant has had earlier trigger point injection therapy in 2012. As noted on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, repeat trigger point injections are not recommended unless greater than 50% pain relief is obtained for six weeks after an injection and there is document evidence of functional improvement. In this case, however, there has been no documented evidence of functional improvement despite prior trigger point injections. The applicant remains off of work, on total temporary disability. The applicant is considering further medical treatment in the form of shoulder surgery. The applicant remains highly reliant on multiple medications and injections. All of the above, taken together, imply a lack of functional improvement as defined in California MTUS 9792.20f despite earlier trigger point injection therapy. It is further noted that the applicant's superimposed diagnoses of shoulder impingement syndrome, cervical radiculopathy secondary to cervical fusion, and depression, taken together, call into the question the purported diagnosis of myofascial pain syndrome for which trigger point injections are being endorsed. Therefore, the request is not medically necessary, for all of the stated reasons.