

<b>Case Number:</b>	CM14-0102080		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/09/2002
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 02/19/2002. The mechanism of injury was noted to be transferring a client from a Hoyer lift. She was diagnosed with headache, shoulder pain, status post left shoulder rotator cuff repair. Prior treatments were noted to be medications and physical therapy. Diagnostic testing includes x-ray. Prior surgeries were noted to be left shoulder surgery in 2005. Current medications were noted to be Norco and omeprazole. A clinical evaluation on 05/29/2014 finds the injured worker with subjective complaints of left shoulder pain. A trigger point injection was given on this date of service. The physical examination noted objective findings including restricted range of motion of the left shoulder with internal rotation and abduction. This was noted on the lateral and medial aspects of the shoulder. There was tenderness noted on the left biceps tendon as well as tenderness on the left AC joint. The treatment plan was for trigger point injection. The rationale for the request was provided within the clinical evaluation on 05/29/2014. A Request for Authorization form was provided for the request for MRI, this was dated 06/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION OF DEXA LIDO:** 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 trigger point injection of dexta lido is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome. These have limited lasting value. They are not recommended for radicular pain. Trigger point injections with anesthetics such as bupivacaine are recommended for nonresolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete tenderness located in a palpable taut band skeletal muscle, which produces a local twitch in response to stimulus of the band. Trigger points may be present in up to 33% to 50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck. The clinical evaluation did not provide an objective trigger point with evidence of twitch upon palpation or referred pain. Documentation failed to provide that symptoms have been persisting for at least 3 months. Failed response to therapies such as stretching exercises, physical therapy, NSAIDs and muscle relaxants were not noted. Due to lack of objective support for the criteria of a trigger point injection, the request for trigger point injection of dexta lido is not medically necessary.

**MRI WITH CONTRAST OF LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- SHOULDER CHAPTER- MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**Decision rationale:** The California MTUS American College of Occupational and Environmental Medicine state criteria for ordering imaging studies including the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program and clarification of the anatomy prior to an invasive procedure. The documentation submitted for review does not meet the criteria for an imaging study according to the California Medical Treatment Utilization Schedule. For the request for an MRI with contrast of the left shoulder is not medically necessary.