

Case Number:	CM14-0104000		
Date Assigned:	07/30/2014	Date of Injury:	06/01/2004
Decision Date:	09/26/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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 63-year old female who sustained injuries to her neck and bilateral shoulder girdles on 06/01/04. Mechanism of injury was not documented. Clinical note dated 12/12/13 reported that the injured worker complained of bilateral shoulder girdle pain at 8/10 visual analog scale (VAS). She was not taking any medications. The injured worker was administered trigger point injections in the bilateral traps. Clinical note dated 01/06/14 reported that the injured worker noticed relief for approximately one week. She presented to the clinic second set of trigger point injections. She continued complaining of pain 8/10 VAS. Clinical note dated 03/26/14 reported that the injured worker returned to physical therapy following previous cataract eye surgery. The injured worker was doing well, but was confused about her home exercises and was unsure she was performing them correctly. The most recent progress note dated 06/24/14 noted that the injured worker continued to complain of bilateral hand numbness and bilateral shoulder girdle pain. Physical examination noted less tenderness in the bilateral traps; positive Tinel's sign in the bilateral hands, worse on the right side. There was no indication as to the injured worker's response to the most recent trigger point injections. The injured worker was diagnosed with repetitive strain injury and strain shoulder of the trapezius muscle. The injured worker was recommended for second set of three trigger point injections and TENS unit trial with supplies for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS QTY 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The request for three trigger point injections is not medically necessary. Previous request was denied on the basis that the CAMTUS states that there should be documentation of circumscribed trigger points with evidence upon palpation of twitch response and referred pain. In this case, it was noted that the injured worker had third trigger point injection on 01/14/14. However, the response was not outlined. Furthermore, it was there was limited clinical documentation of circumscribed trigger points on recent examination. Hence, the injured worker did not meet criteria for trigger point injections. There no palpable trigger points, jump signs, twitch responses, or taut muscle bands on most recent physical examination dated 06/24/14. The injured worker felt only temporary relief with past trigger point injections with about 40% relief. Given this, the request for three trigger point injections is not indicated as medically necessary.

TENS UNIT TRIAL WITH SUPPLIES FOR ONE MONTH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request for TENS unit trial with supplies for one month is not medically necessary. Previous request was denied on the basis that the injured worker was over 10 years post date of injury. No information was submitted indicating response to previous TENS unit therapy. The CAMTUS states that while TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for TENS unit trial with supplies for one month is not indicated as medically necessary.