

<b>Case Number:</b>	CM14-0106318		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 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 58-year-old female with a reported date of injury on 06/18/2013. The mechanism of injury was noted to be a lifting injury. Her diagnoses were noted to include left shoulder strain, regional shoulder/trapezial myofascial pain, superior labral tear from anterior to posterior, right knee strain, meniscal tearing, and status post arthroscopy. Her previous treatments were noted to include surgery, physical therapy, acupuncture, and medications. The pain dated 05/21/2014 revealed the injured worker rated her pain 6/10 throughout the left shoulder region, not only including the shoulder itself, but also the muscles in the surrounding neck region. The injured worker also reports pain to the right lateral knee and minimal back and neck pain. The physical examination revealed a full cervical range of motion with some pain and guarding with full rotation to the left. Pain was largely distributed in the trapezial muscles but there is diffuse tenderness. There were no paraspinal spasms or scapular winging. The upper extremity had right shoulder range of motion and was pain free and the left shoulder range of motion was guarded to 170 degrees of forward flexion and abduction, 60 degrees in internal rotation, and 85 degrees in external rotation. The injured worker reported diffuse pain, primarily radiating posteriorly with all the motions. The request for authorization form was not submitted within the medical records. The request is for trigger point injections x3 with lidocaine and Marcaine to treat myofascial pain for the left shoulder and acupuncture x6 for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections x3 with Lidocaine and Marcaine to treat myofascial pain for the left shoulder:** 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 injections x3 with lidocaine and Marcaine to treat myofascial pain for the left shoulder is non-certified. The injured worker has received trigger point injections previously. The California Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome. The guideline criteria for the use of trigger point injections is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than 3 months, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDS, and muscle relaxants have failed to control pain, radiculopathy is not present by exam, no more than 3 to 4 injections per session, no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement, and frequency should not be at an interval less than 2 months. There is a lack of documentation regarding circumscribed trigger points with offensive palpation of a twitch response upon palpation or referred pain. There is a lack of documentation regarding 50% pain relief for 6 weeks after previous trigger point injection or evidence of functional improvement. Therefore, due to lack of documentation regarding a twitch response, circumscribed trigger points, greater than 50% pain relief for 6 weeks, and evidence of functional improvement, a trigger point injection is not warranted at this time. Therefore, the request is non-certified.

**Acupuncture x6 for left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture x6 for the left shoulder is non-certified. The injured worker has received previous acupuncture treatment. The Acupuncture Medical Treatment Guidelines state acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasms. Frequency and duration of acupuncture is 3 to 6 treatments, 1 to 3 times per week, with the optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding functional improvement with regards to acupuncture treatments as well as the number of previous sessions. Therefore, due to the lack of documentation regarding objective functional improvements and the number of previous

acupuncture treatments attempted, acupuncture is not appropriate at this time. Therefore, the request is non-certified.