

<b>Case Number:</b>	CM14-0107243		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/15/2005
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 54 year old male who reported an injury on 04/15/2005. The mechanism of injury was not specified. His diagnoses included displacement of lumbar intervertebral disc without myelopathy, pain in the shoulder joint, bursae and tendon disorder in the shoulder, displacement of cervical intervertebral disc, muscle spasm, myalgia, myositis and insomnia. His past treatments included medications and shoulder surgery. On 06/12/2014, the injured worker complained of 5-6/10 pain in the neck and upper bilateral shoulders. The physical examination was positive for subacromial bursa tenderness, Hawkin's and Neer's impingement signs, painful arc motion, and bicipital groove tenderness. His medications included Tramadol 50mg, Gabapentin 300mg and Baclofen 10mg. The treatment plan included trigger point injections under ultrasound guidance for the upper back, lower cervical spine, trapezius, and rhomboid muscles. It was noted that, based on the result of the injections, the most appropriate treatment plan to address his pain would be established. The request for authorization form was provided on 06/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for trigger point injection shoulder is not medically necessary. The injured worker has a history of pain in the shoulder, muscle spasm, myalgia, and myositis. The California MTUS Guidelines state trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than 3 months; and failure of conservative treatment. The injured worker complained of pain in the neck and upper bilateral shoulders. However, there was no evidence of positive trigger points on the physical examination with a twitch response and referred pain. Additionally, he was not noted to have tried and failed an adequate course of conservative treatment to include physical therapy. Moreover, the submitted request does not specify which shoulder. Furthermore, the guidelines state trigger point injections are supported for the neck and low back, but they do not recommend this treatment in the shoulder. For the reasons noted above, the request for trigger point injection for the shoulder is not medically necessary.