

Case Number:	CM14-0109356		
Date Assigned:	09/16/2014	Date of Injury:	11/20/2013
Decision Date:	10/20/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 42 year old employee with date of injury of 11/20/2013. Medical records indicate the patient is undergoing treatment for left shoulder contusion, tendinitis, bursitis and impingement and left wrist sprain. She is s/p bariatric surgery (2009). Subjective complaints include pain in left shoulder, left wrist and left sided neck. She complains of cramping, burning and numbness over left shoulder and left elbow. She says she cannot move her left shoulder. She rates her pain in her left upper extremities as an 8/10. Objective findings include: on exam of left wrist/hand there was pain to palpation over left intersection region. Her left Serial Jamar Hand Grip was 20/20/20 and right was 40/50/50. It appeared that she was giving her best effort on the grip strength test. On her left shoulder exam there was minimal prominence of the left AC joint. There was no swelling, atrophy or ecchymosis present. There was tenderness to palpation as well as light tapping over the left AC joint. Range of motion on the left was as follows: adduction, 20; abduction, 120; extension, 30; flexion, 125; internal rotation, 60 and external rotation, 60. Motor strength was noted at 4-5/5 in the deltoid and biceps at shoulder on the left. Her cervical spine has tenderness to palpation over left trapezius muscle on the left. There is no spasm, but there is muscle guarding with range of motion testing. Spurling's maneuver causes pain on the left. Treatment has consisted of physical therapy (PT), acupuncture, chiropractic treatment, Ibuprofen and Tylenol. The utilization review determination was rendered on 6/19/2014 recommending non-certification of Left upper trapezius trigger point injection under U/S (ultrasound) guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left upper trapezius trigger point injection under U/S (ultrasound) guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Page(s): 122.

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band . . . For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The treating physician has provided documentation of trigger points that have not responded to conservative therapy. While trigger point injections are medically necessary, ultrasound guidance is not medically justified for this type of injection by the treating physician. As such, the request for Left upper trapezius trigger point injection under U/S (ultrasound) guidance is not medically necessary.