MAXIMUS Federal Services

Case Number:	CM14-0109515		
Date Assigned:	08/01/2014	Date of Injury:	05/17/2012
Decision Date:	09/03/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 46-year-old female who reported an injury on 05/17/2012 reportedly sustained while at work lifting a 300+ pound patient. She injured her left shoulder. The injured worker's treatment history included physical therapy, medications, urine drug screen, and MRI. The provider noted the MRI of the shoulder revealed acromioclavicular (AC) joint hypertrophy synovitis with no full thickness rotator cuff tear. The MRI report was not submitted for this review. Tendinosis on the rotator cuff was noted. The injured worker was evaluated on 06/11/2014, and it was documented she complained of radiating symptoms when she makes an abrupt movement of her neck. She had persistent myofascial changes in the posterior neck, cervical paraspinals, and rhomboid and trapezius muscles. Trigger points were present and injections were previously requested. She was taking Effexor, but notes this only takes the edge off of her pain. She reports her current pain level is a 5/10. She takes Percocet, which brings the pain down from 8/10 to a 5/10. Medications included Atenolol 25mg and Percocet 5/325mg. Diagnoses included other affected shoulder regions, necrotizing enterocolitis (NEC), unspecified monoarthritis of the shoulder region and pain in joint of the shoulder region. Request for Authorization dated 06/16/2014 was for trigger point injections to the posterior neck and left trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to the Posterior Neck and Left Trapezius: 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 & Criteria for the use of Trigger point Injections Page(s): 122.

Decision rationale: MTUS Chronic Pain Medical Guidelines recommend trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value. They are not recommended for radicular pain. Trigger point injections with an anesthetic such as Bupivacaine are recommended for non-resolving trigger points, but the addition of a Corticosteroid is not generally recommended. They are not recommended for radicular pain. They are not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. The guidelines also states trigger point injections used with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(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 provider indicated the injured worker has received injections previously, however, the outcome measurements were not provided. The documents submitted indicated the injured worker had conservative care however, the outcome measurements were not provided. The provider failed to indicate the injured worker's long-term functional improvement goals. Given the above, the request is not medically necessary.