

Case Number:	CM14-0010501		
Date Assigned:	02/21/2014	Date of Injury:	01/19/1999
Decision Date:	07/21/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 & Rehabilitation, 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 patient is a 62-year-old male who has submitted a claim for lumbosacral spondylosis, cervical disc degeneration, cervical spondylosis, cervical spinal stenosis, lumbosacral neuritis, and myalgia and myositis associated with an industrial injury date of January 19, 1999. Medical records from 2013 were reviewed. The patient complained of bilateral shoulder pain, grade 7/10 in severity. There was pain in the neck that radiates into the paracervical region and intermittently into his upper extremities. It was aggravated by standing, walking and twisting. Physical examination showed trigger points over the bilateral scapular muscles. There was diffuse symmetrical weakness over the bilateral shoulders on manual muscle testing. Impingement sign of both shoulders was positive. Left shoulder x-ray, dated January 18, 2010, revealed moderately severe glenohumeral osteoarthritis, and acromioclavicular joint osteoarthritis. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, knee surgery, cervical spine surgery, and trigger point injections of the neck. Utilization review, dated December 27, 2013, denied the request for trigger point injection x 6 to the bilateral shoulders because there was no documented myofascial findings such as jump sign, twitch response, or referral of pain to support doing trigger point. In addition, there was no indication that the patient was doing any type of home exercise program to complement these injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER PAIN INJECTIONS X6 TO THE BILATERAL SHOULDERS: 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: Page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that trigger point injections are recommended for myofascial pain syndrome only. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; failure of medical management therapies to control pain such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants; not more than 3-4 injections per session; and 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. In this case, there were no previous trigger point injections done for the bilateral shoulders. There was no documented rationale for the present request. The patient has worsened shoulder pain from the most recent progress report dated December 16, 2013. However, there was no noted evidence of failure of conservative treatment for the said body part. Furthermore, evidence of a twitch response upon palpation and referred pain was not noted for both shoulders. Moreover, the present request would exceed the guideline recommendation of 3-4 injections per session. The guideline criteria have not been met. Therefore, the request for Trigger Pain Injections X6 To The Bilateral Shoulders is not medically necessary.