

Case Number:	CM14-0014158		
Date Assigned:	02/26/2014	Date of Injury:	11/09/2011
Decision Date:	06/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/04/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 36-year-old female who reported an injury on 11/09/2011. The mechanism of injury was not provided in the submitted medical records. Within the clinical note dated 12/05/2013, the injured worker reported ongoing physical therapy with complaints of left shoulder pain due to compensating for the right shoulder. The injured worker reported neck pain rated 6/10, right forearm pain rated 4/10, and right shoulder pain rated 6/10 with pain being relieved with rest, ice, and medication. Physical exam revealed intact deep tendon reflexes, sensation intact, with muscle and motor strength rated 5/5. The exam further revealed a positive right Hawkins and impingement sign, pain to palpation over the cervical paraspinous, biceps tendon, medial epicondyles, and levator scapulae. The injured worker's diagnoses included cervical strain and shoulder strain. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION X 3 IN THE LEFT C5, LEVATOR SCAPULA AND RHOMBOID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJ.

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

Decision rationale: The request for trigger point injection x 3 in the left C5, levator scapula and rhomboid is non-certified. The CA MTUS guidelines recommend trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The injured worker upon physical examination did not specify whether there was evidence of a positive twitch response and referred pain over the indicated body parts of the request. In addition, there was lack of clinical evidence the injured worker had failed conservative care and whether the injured worker would start physical therapy once the injections had been if approved. Without documentation of an objective clinical finding consistent with the guidelines' criteria for use and documentation the trigger point injections would be used to facilitate the further usage of physical therapy the request is not supported by the guidelines at this time. Thus, the request for trigger point injection x 3 in the left C5, levator scapula and rhomboid is not medically necessary.