

Case Number:	CM14-0019854		
Date Assigned:	04/28/2014	Date of Injury:	08/07/2012
Decision Date:	07/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for cervicgia associated with an industrial injury date of August 7, 2012. Treatment to date has included oral and topical analgesics, muscle relaxants, TENS, H-wave and physical therapy. Medical records from 2013 to 2014 were reviewed and showed constant left-sided neck and shoulder pain graded 8/10 that radiates to the clavicle and chest with cramping and pins and needles in the left shoulder blade. There was shooting pain in the left wrist when pressure is applied as well as weakness and loss of grip of the left hand. Physical examination showed limitation of motion of the left shoulder and tenderness over the posterior cervical muscles, trapezius, anterior chest wall muscles, AC joint and biceps tendon with noticeable swelling along the mid clavicular/sternal border and axilla. Compression of the chest wall and the ribs causes pain posteriorly near the scapula. Upper extremity examination showed give-way weakness of the biceps; decreased strength of the long finger flexors and weaker grip of the left hand than the right; and tenderness of the soft tissues along the medial aspect of the upper arm. The patient was diagnosed with acromioclavicular separation strain, nerve traction injury, neck pain, and shoulder pain. Trigger point injection for the left shoulder was requested as rescue management if other treatments do not work. Utilization review dated February 5, 2014 denied the request for trigger injection for the left shoulder because there was no documentation of the patient's trigger point and there was persistent distal symptoms of numbness and tingling which can be indicative of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

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

Decision rationale: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended for myofascial pain syndrome with evidence of circumscribed trigger points and positive twitch response with pain. In this case, the patient has been complaining of left-sided neck and shoulder pain, however, there was no trigger point noted or any evidence of twitch response on the most recent physical examination. The medical necessity has not been established. Therefore, the request for trigger point to the left shoulder is not medically necessary.