

<b>Case Number:</b>	CM14-0137133		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Occupational Medicine 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:

This injured worker is a 31 year old female who has had pain since Aug 10, 2012 in her left wrist and right shoulder. Magnetic resonance imaging of her right shoulder on July 1, 2013 showed rotator cuff tendinosis, fraying of supraspinatus tendon, and mild bursitis. Her pain is primarily in her right shoulder and radiates down her right arm. The pain is rated as a 7/10 on a pain scale. Her exam shows tenderness to palpation in the right shoulder and neck area as well as positive impingement and empty can signs on the right. The injured worker takes Naprosyn, Terocin, and omeprazole. She was last seen on Aug 29, 2014 with complaints of shoulder, neck, elbow, and thumb pain. Her neck region palpation was tender with a positive twitch response and erythema. Her neck's range of motion is normal, but her right shoulder range of motion is limited by pain with a positive impingement sign. She is diagnosed with myofascial pain syndrome. A previous cervical spine magnetic resonance imaging scan was relatively unremarkable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRIGGER POINT INJECTION X TWO (2):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** A 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. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. They are not recommended for typical back pain or neck pain. Trigger point injections are recommended 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. This worker has been diagnosed with myofascial pain syndrome with physical exam evidence of a trigger point, including a muscle twitch, radiculopathy, palpable trigger point, chronic duration of pain, and inadequate pain control with other analgesics. This worker meets the criteria for trigger point injections in that she has pain and tenderness upon palpation of the neck region with a twitch response. She has had pain since Aug of 2012. Therefore, she meets the >3-month threshold. She is diagnosed with myofascial pain syndrome. She does not have radiculopathy. Her medication therapy has not relieved her pain. The injection proposed is a steroid preparation. The requested additional documentation was supplied. Therefore the requested Trigger Point Injections times two is medically necessary and certified. Thus, the injured worker meets the criteria for the trigger point injection times two (2). The requested additional documentation was supplied. The injured worker meets the criteria for the trigger point injection times two (2).