

Case Number:	CM14-0150820		
Date Assigned:	09/19/2014	Date of Injury:	11/24/2010
Decision Date:	12/15/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family Practice 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:

This is a 52-year-old male claimant sustained a work injury on November 24, 2010 Involving the elbow. He was diagnosed with medial epicondylitis and brachioradialis strain. An MRI the left shoulder in 2013 showed rotator cuff tendinitis and bursitis. An MRI in June 2013 of the cervical spine showed degenerative disc disease. An EMG in May 2013 showed bilateral carpal tunnel syndrome. A progress note on August 22, 2014 indicated the claimant had continued pain in the left supraclavicular region, tenderness in the right infraclavicular region with tenderness in the right scapular region as well. There were spasms in the cervical region and altered internal rotation of the left and right shoulders. The treating physician recommended a Diagnostic ultrasound and ultrasound guided trigger point injections of the left pectoral minor and trapezial regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Trigger Point Injections for Left Pectorals Minor and Trapezius:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The request therefore is not medically necessary for a trigger point injections in the pectoral or trapezial regions.