

Case Number:	CM14-0159538		
Date Assigned:	10/03/2014	Date of Injury:	01/27/2009
Decision Date:	12/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 injured worker is a 42-year-old female who reported injuries due to a fall when a chair upon which she was sitting broke on 01/27/2009. On 04/17/2014, her diagnoses included status post anterior surgical fusion in 04/2010, status post posterior surgical fusion, C4-5 in 08/2011, chronic pain syndrome, history of attempted suicide, lumbar spine sprain/strain, MRI finding of 2.7 mm disc protrusion at L4-5 and L5-S1, history of allergic reaction to many different medications, persistent daily headaches, and pain/limited range of motion, left shoulder, rule out internal derangement. Her complaints included neck, left shoulder/shoulder blade pain, and low back pain. Upon examination, she had tenderness over the medial border of the left scapula and tenderness over the paracervical muscle areas, primarily on the left side. She received trigger point injections over the medial border of the left scapula. She said she felt immediate relief. On 05/30/2014, she reported that the trigger point injections had helped her significantly for almost a month. She received another series of trigger point injections over the medial border of the left scapula. She reported feeling immediate relief. On 07/03/2014, she reported that the trigger point injections had been very helpful. She received another series of injections over the medial border of the left scapula. She reported immediate relief in that area. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for trigger point injections of the left shoulder, for the service date of 07/03/2014: 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: The request for retrospective request for trigger point injections of the left shoulder, for the service date of 07/03/2014 is not medically necessary. The California MTUS Guidelines recommend that 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 all of the following criteria are met: documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control the pain; radiculopathy is not present by exam, imaging, or neurotesting; not more than 3 to 4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement; frequency should not be at an interval less than 2 months. There was no evidence that this worker had myofascial pain syndrome. There was no documentation of circumscribed trigger points with twitch response or referred pain. There was no documentation submitted regarding ongoing exercises, failed trials of physical therapy, NSAIDs, or muscle relaxants. Multiple trigger point injections had been administered in single sessions, but there was no verification if the number of injections in any 1 session exceeded the recommended 3 to 4 within the guidelines. There was no documentation of a greater than 50% pain relief for a 6 week period, and there was no documentation of functional improvement. Additionally, the frequency of the injections was less than the 2 month intervals suggested in the guidelines. The guideline criteria have not been met. Therefore, this request for retrospective request for trigger point injections of the left shoulder, for the service date of 07/03/2014 is not medically necessary.