

Case Number:	CM14-0161503		
Date Assigned:	10/06/2014	Date of Injury:	10/10/2012
Decision Date:	11/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 10, 2012. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for a trigger point injection. The claims administrator stated that it was basing its decision on a July 3, 2014 progress note. The applicant's attorney subsequently appealed. In a progress note dated July 8, 2014, the applicant reported ongoing complaints of shoulder pain with associated stiffness. Neck pain was also appreciated, 5-7/10. The note was very difficult to follow, handwritten, and not entirely legible. A rather proscriptive 5-pound lifting limitation was endorsed. The applicant was not working, it was acknowledged. Both the trigger point injection and acupuncture were sought. It was stated that the applicant also had issues with shoulder impingement syndrome and/or subacromial bursitis versus partial-thickness rotator cuff tear. The applicant was seemingly off of work throughout the entirety of 2014, it was noted, based on a survey of several prior work status reports. In a May 15, 2014 progress note, the applicant reported moderate, frequent 6-8/10 neck pain seemingly radiating into the right side. A cervical spine surgery consultation was apparently sought. Tramadol was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection, Right Trapezius under Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3182370/>

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Trigger point injections are not recommended for radicular pain, as is seemingly present here. It is noted, furthermore, that there is considerable lack of diagnostic clarity here as the applicant has been given various diagnoses, including shoulder bursitis, shoulder impingement syndrome, and cervical radiculopathy. The applicant has apparently been asked to consult a cervical spine surgeon, it is further noted. The information on file, thus, does not support the proposition that the applicant has myofascial pain syndrome for which trigger point injection therapy would be indicated. Therefore, the request is not medically necessary.