

Case Number:	CM14-0173607		
Date Assigned:	10/24/2014	Date of Injury:	05/14/2011
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 a 43 year old with an injury date on 5/14/11. Patient complains of constant left shoulder pain that radiates up the neck rated 9/10 per 9/16/14 report. Patient reports difficulty in sleeping due to pain, and that pain has worsened since last visit per 9/16/14 report. Based on the 9/16/14 progress report provided by [REDACTED] the diagnoses are: 1. rotator cuff syndrome of shoulder and allied disorders, 2. rotator cuff syndrome, bursitis, 3. bicipital tenosynovitis. Exam on 9/16/14 showed "No tenderness to palpation on trigger points palpated in upper trapezius, lower trapzius, sternocleidmastoid, and splenius capitis bilaterally. Normal reflexes." No range of motion testing was included in reports. Patient's treatment history includes medications (40-60% relief), heat/ice, massage, and acupuncture. [REDACTED] is requesting series of trigger point injections - frequency and duration not indicated. The utilization review determination being challenged is dated 10/6/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/3/14 to 9/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of trigger point injections - frequency and duration not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-197, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with left shoulder pain and neck pain. The treater has asked for series of TRIGGER POINT INJECTIONS - frequency and duration not indicated on 9/16/14. Review of the reports do not show any evidence of trigger point injections being done in the past. Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. MTUS also requires "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." For fibromyalgia syndrome, trigger point injections have not been proven effective. While this patient presents with left shoulder and neck pain, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. The patient also presents with radicular symptoms in which case, trigger point injections are not indicated. Recommendation is for denial.