MAXIMUS Federal Services

Case Number:	CM14-0176881		
Date Assigned:	10/30/2014	Date of Injury:	08/29/2012
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported a work related injury on 08/29/2012. The mechanism of injury was not provided for review. The injured worker's past treatment consisted of medications, injections, and physical therapy. The injured worker's diagnostic tests consists of an x-ray of the right shoulder, which revealed the AC joint does not show premature extensive arthritis, glenohumeral joint is smooth, and aberrant calcification of the rotator cuff was not identified. Per clinical note dated 09/18/2014, the patient complained of neck, right upper extremity pain, which she rated as a 6/10 on the VAS. The patient reported she had an initial physical therapy assessment. The patient was noted to be tolerating ibuprofen. She continued to have pain and numbness in the right arm. The physical examination revealed discrete cervical tender trigger point over neck, posterior shoulders, and upper extremities. Motor and sensation were noted to be intact. Right shoulder lacked a few degrees of extension. The treatment plan consisted of trigger point injections for myofascial pain. The rationale for the request was pain. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger Point Injections, Bilateral Upper Trapezius, Scapular Areas: 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 4 trigger point injections, bilateral upper trapezius, scapular areas is not medically necessary. The California MTUS Guidelines state trigger point injections may be recommended for the treatment of myofascial pain syndrome for circumscribed trigger point when symptoms have persisted for more than 3 months and have not been controlled by recommended ongoing conservative therapies. Repeat injections are not recommended unless a greater than 50% pain relief is obtained for 6 weeks after injection, and there is documented evidence of functional improvement. Within the documentation provided for review, it was not noted that the patient had a trigger point injection on 08/07/2014. The current report noted that the patient had increased function and decreased pain. However, there was no documentation of pain rating following the injection, nor are functional perimeters documented as objective evidence of functional improvement. Within the documentation provided for review, there was no clear evidence of efficacy from the prior trigger point injection and no objective documentation of functional improvement. Therefore, the request for 4 trigger point injections, bilateral upper trapezius, scapular areas is not medically necessary.