

Case Number:	CM14-0179694		
Date Assigned:	11/04/2014	Date of Injury:	04/24/2007
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 54-year-old female who reported an injury on 04/24/2007. The mechanism of injury was not submitted for review. The injured worker had diagnoses of right shoulder impingement syndrome, myofascial pain, right shoulder adhesive capsulitis, and status post right shoulder surgery. Past medical treatment consisted of surgery, E stim, CBT, physical therapy, and medication therapy. Medications consisted of tramadol, lidocaine, nortriptyline, and Lidoderm patch. An EMG/NCS of the bilateral upper extremities, obtained on 02/07/2013, showed right median neuropathy at the wrist, mild in severity, with no evidence of cervical radiculopathy. On 09/04/2014, the injured worker complained of right shoulder pain. It was noted on physical examination that the injured worker rated the pain at an 8/10. The physical examination noted spasms in the cervical paraspinal and right shoulder region musculature. Tenderness was noted in the anterior aspect of the right shoulder. Right shoulder abduction and forward flexion were 90 degrees, which was associated with pain. Internal rotation was at the level of the right hip. Strength was 4/5 in the right shoulder abduction and forward flexion. The medical treatment plan was for the injured worker to continue trigger point injections to the right shoulder and to the cervical spine. The provider felt it would minimize her pain and inflammation and improve range of motion. The 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:

Trigger point injection right shoulder: 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 a trigger point injection to the right shoulder is not medically necessary. The submitted documentation failed to indicate a twitch response as well as referred pain in the physical examination. The report also lacked any evidence of ongoing stretching exercises, physical therapy, NSAIDs, or muscle relaxants. The efficacy of any medication the injured worker was taking was not submitted for review. Furthermore, the guidelines also state that trigger point injections are recommended with evidence of persisted symptoms and pain for more than 3 months. There was no indication in the submitted documentation of the injured worker having had complaints of pain for the past 3 months. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.

Trigger point injection cervical: 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 a trigger point injection to the cervical is not medically necessary. The submitted documentation failed to indicate a twitch response as well as referred pain in the physical examination. The report also lacked any evidence of ongoing stretching exercises, physical therapy, NSAIDs, or muscle relaxants. The efficacy of any medication the injured worker was taking was not submitted for review. Furthermore, the guidelines also state that trigger point injections are recommended with evidence of persisted symptoms and pain for more than 3 months. There was no indication in the submitted documentation of the injured worker having had complaints of pain for the past 3 months. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.