

Case Number:	CM14-0021456		
Date Assigned:	05/12/2014	Date of Injury:	06/01/2002
Decision Date:	08/07/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 53-year-old female with a reported date of injury on 06/01/2002. The injury reportedly occurred secondary to cumulative trauma. Her diagnoses were noted to include status post right shoulder surgery, anterior labral tear and arthroscopic repair of rotator cuff, as well as arthroscopic subacromial decompression, status post carpal tunnel syndrome release to the right side, right lateral epicondylitis resolved, and myofascial pain syndrome. Her previous treatments were noted to include surgery, medications, steroids injections, and trigger point injections. The progress note dated 04/30/2014 revealed the injured worker complained of 7/10 to 8/10 right shoulder pain. The injured was taking Oxycodone 5 mg and remained depressed and complained her shoulder pain was worsening. The physical examination to the right shoulder revealed 50% abduction, positive impingement sign, no motor weakness, multiple trigger points in muscles surrounding the right shoulder area - suprascapular and paracervical, as well as right shoulder tender anterior capsule and inferior head of the biceps muscle. The documentation provided indicated the injured worker had previously received trigger point injections and experienced 7 to 10 days relief at 75%. The provider reported the injured worker utilized medications and that they gave her good functional benefit in performing her every day chores at home. The request for authorization form was not submitted within the medical records. The request is for trigger point injections due to myofascial pain.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, a page Page(s): 122.

Decision rationale: The request for trigger point injection to the right shoulder is non-certified. The injured worker has received previous trigger point injections with 75% pain relief lasting 7 to 10 days. The California Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome with limited lasting value. Trigger point injections are not recommended for radicular pain. The Guidelines criteria for the use of trigger point injections is 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 pain, radiculopathy is not present by exam or imaging, no more than 3 to 4 injections per session, no repeat injections unless greater than 50% pain relief is obtained for 6 weeks after injection and there is documented evidence of functional improvement. The guidelines also state frequency should not be at an interval of less than 2 months. The injured worker's previous trigger point injection only lasted 7 to 10 days and the guidelines state the pain relief should be obtained for 6 weeks after an injection. The documentation provided indicated the medications gave the injured worker good functional benefit in performing her every day chores at home. Additionally, the request failed to provide the number of injections to be administered as well as the circumscribed area. Also, there was a lack of documentation regarding twitch upon palpation responses as well as referred pain. Therefore, the request is not medically necessary.