

Case Number:	CM14-0031530		
Date Assigned:	06/20/2014	Date of Injury:	06/03/2010
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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 pain reportedly associated with an industrial injury of June 3, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder arthroscopy; extensive periods of time off of work; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated February 26, 2014, the claims administrator denied a right-sided trigger point injection under ultrasound guidance. The applicant's attorney subsequently appealed. In handwritten note date February 18, 2014, the applicant was described as reporting continued neck pain with associated stiffness. It was stated that the applicant would like to try Vicodin for pain relief. Diminished cervical range of motion was noted. It was stated that the applicant should pursue a trigger point injection to the trapezius region under ultrasound guidance while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

right sided trigger point injection under ultrasound guidance - right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Guidelines, trigger point injections are indicated in the treatment of myofascial pain syndrome, with limited lasting value. Trigger point injections are not, however, recommended for radicular pain. In this case, however, the documentation on file is sparse, handwritten, difficult to follow and not entirely legible and does not clearly establish a diagnosis of myofascial pain syndrome or palpable tender points for which trigger point injection therapy could be considered. Rather, it appears that the claimant has longstanding neck and shoulder pain, the latter of which has been attributed to impingement syndrome. The applicant is status post shoulder arthroscopy for the same. The proposed trigger point injection is not indicated, given the lack of diagnostic clarity and given the lack of compelling rationale for the injection in question on the handwritten progress notes provided. Therefore, the request is not medically necessary and appropriate.