

<b>Case Number:</b>	CM14-0031532		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	04/02/2002
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 myofascial pain syndrome, shoulder pain, wrist pain, headaches, neck pain, and low back pain reportedly associated with an industrial injury of April 2, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; long and short-acting opioids; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of January 3, 2014, the claims administrator denied a request for trigger point injection therapy and denied an orthopedic consultation. The orthopedic consultation was denied, citing non-MTUS Chapter 7 ACOEM Guidelines. Similarly, the trigger point injections were denied citing non-MTUS ODG Guidelines. A December 10, 2013 progress note is notable for comments that the applicant was reporting, wrist, upper back, midback pain, and headaches, reportedly attributed to cumulative trauma at work. Positive signs of internal impingement were noted about the right shoulder with diminished shoulder strength noted. An orthopedic evaluation was sought to determine whether or not the applicant was a surgical candidate. Therapeutic injections for the shoulder were endorsed. It was stated that the applicant had symptoms of chronic cervical radicular pain superimposed on issues with shoulder tenosynovitis and impingement syndrome. The CPT code requested was 20550, or therapeutic injections into a tendon sheath. Later in the body of the report, the attending provider stated that he was seeking trigger point injections for shoulder myofascial pain and that the applicant had demonstrated 50% pain relief with the prior set of injections over three months prior. The applicant was placed off of work, on total temporary disability. The applicant's medication list was not clearly stated on this occasion. In a January 9, 2014 progress note, the applicant was described as using Zanaflex, Xanax, Flexeril, OxyContin, Norco, and Lunesta.

## 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 X 1:** 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 Section Page(s): 122.

**Decision rationale:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, no repeated trigger point injections should be performed unless there is documented evidence of functional improvement with earlier injections. In this case, however, there has been no documented functional improvement with earlier injections as defined by the parameters established in MTUS 9792.20f. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on numerous medications, including Zanaflex, Xanax, Flexeril, OxyContin, Norco, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier trigger point injection therapy. It is further noted that the applicant's concomitant cervical radicular complaints are a relative contraindication to pursuit of trigger point injection therapy, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. For all of the stated reasons, then, the request is not medically necessary.