

Case Number:	CM14-0031959		
Date Assigned:	04/09/2014	Date of Injury:	07/17/2012
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 shoulder pain, hip pain, posttraumatic headaches, wrist pain, and chest wall pain reportedly associated with an industrial contusion injury of July 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and work restrictions. In a utilization review report of January 13, 2014, the claims administrator denied a request for trigger point injections of the shoulder. The applicant's attorney subsequently appealed. In a clinical progress note of January 3, 2014, the applicant was described as reporting persistent hand, hip, low back, and neck pain. The applicant's symptoms were reportedly "disabling." The applicant is on Motrin and tramadol. The attending provider stated that he was frustrated by the utilization review denials. The attending provider stated that he would like the applicant to use trigger point injection therapy in conjunction with Motrin, tramadol, and physical therapy. A rather proscriptive 15-pound lifting limitation was endorsed. It was unclear if the applicant was in fact working at that point in time. In an earlier progress note of November 15, 2013, the applicant was again described as reporting hip pain, shoulder pain, and low back pain. The attending provider stated that the applicant had myofascial findings in the quadratus lumborum but did not characterize these or describe these. The progress note was not rendered standard SOAP format. The attending provider did not describe any trigger points, but nevertheless stated that he identified them and was therefore intent on pursuing trigger point injection therapy. In earlier progress notes interspersed throughout the life of the claim, it appeared that the applicant was using Motrin and tramadol at various points in 2012 and 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injction Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injction Section.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of trigger point injections include evidence of myofascial pain in individuals in whom documented circumscribed trigger points have been described in whom symptoms have persisted for greater than three months and proven recalcitrant to medical management in the form of physical therapy, NSAIDs, and/or muscle relaxants. In this case, however, these criteria have not been met. The attending provider has not described, detailed, or characterized circumscribed trigger points about the shoulder or any other body part. It does not appear that the applicant has tried and failed muscle relaxant therapy before trigger point injections were sought. It appears, furthermore, that the applicant is concurrently pursuing physical therapy. For all the stated reasons, then, the proposed trigger point injections to the shoulder are not indicated and not medically necessary.