

<b>Case Number:</b>	CM14-0032291		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female with a reported injury on August 25, 2003. The mechanism of injury was not provided within clinical notes. The clinical note dated January 21, 2014 reported that the injured worker complained of constant pain to the left shoulder. The physical examination revealed left shoulder swelling at the trapezius muscle and supraclavicular fossa, mild spasm of trapezius muscle, a tender trigger point with referred pain to the left upper arm and reduced shoulder motion. The injured worker's prescribed medication list included Voltaren XR and FexMid. The provider requested 1 left trigger point injection. The Request for Authorization was submitted on March 13, 2014. The injured worker's prior treatments included home exercise and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Left Trap Trigger Point Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

**Decision rationale:** The treating physician's rationale for trigger point injection was not provided within clinical documentation. The California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. There is a lack of clinical documentation indicating a twitch response was evident with palpation to trigger point. It is reported that the injured worker has had previous trigger point injections to the left upper trapezius on June 1, 2011, August 9, 2010, and July 14, 2010, the functional improvement of the injections was not documented within clinical notes. The guidelines do not recommend a repeat injection unless a greater than 50% pain relief was obtained for 6 weeks or greater post injections. The request is not medically necessary.