

<b>Case Number:</b>	CM14-0037931		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/26/2008
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

1/31/14 note indicates pain in the neck and bilateral shoulder. The insured is working with medications. Level of activity is reported to have increased. Medication side effects include constipation and GI distress. 5/29/13 EMG is reported to show left moderate median nerve neuropathy. Examination notes restricted range of motion in the cervical and shoulder areas. Reflexes in the upper extremities are 2/4 bilateral. Hawkins test, Neer test are negative with positive empty can test. There is tenderness to palpation in the coracoid process. Strength is 5/5 bilateral. Sensation is decreased over the thumb and medial forearm, lateral forearm on the left side. Assessment was right rotator cuff tear with SLAP lesion in right arm status post repair times 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection to the left trapezius:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, trigger point injections

**Decision rationale:** ODG guidelines support trigger point injections for patients with demonstrated physical exam findings of trigger points in patients with myofascial pain disorder. The medical records provided for review indicate pain in the muscles but does not document discrete trigger points in support of performing trigger point injections. As such the medical records do not support the procedure requested congruent with ODG guidelines, therefore, this request is not medically necessary.