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| Case Number: | CM14-0038344 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 03/18/2011 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 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 Family 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:

The patient is a 51-year-old female who sustained a work related injury on 3/18/2011. The nature of the injury is described as cumulative. She sustained injuries to the shoulders, right arm, hands/fingers, and cervical spine. Prior imaging studies have included: 9/21/2011 Bilateral upper extremities bone scan that was read as normal, 3/24/2012 Cervical Spine x-ray that was read as mild degenerative disc disease, 4/19/2012 right shoulder MRI which showed trace subdeltoid bursitis and a configuration of the acromion that may result in impingement. Supraspinatus and infraspinatus tendinosis was appreciated. It was also noted that a partial undersurface tear could have a similar appearance. A 4/19/2012 Cervical MRI showed C6-C7 right uncovertebral hypertrophy and a central 1mm disc protrusion/annular tear. A 5/10/2012 bilateral upper extremity EMG was interpreted as normal. On 10/10/2013 she underwent left shoulder arthroscopy, distal claviclectomy, and subacromial decompression. On 11/21/2013 she underwent an incision of the tendon sheath of the first dorsal compartment of the right wrist. She has also previously received treatment with physical therapy and medications. She is noted to have chronic muscle damage to the left upper trapezius. She has been diagnosed with Thoracic Outlet Syndrome, but there is also documentation that her insurance carrier denied this claim. A trapezius trigger point injection was requested, and a utilization reviewer did not certify this request. For this reason, an Independent Medical Review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Left Upper Trapezius Qty: 1.00: Upheld

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

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

Decision rationale: California MTUS guidelines state the trigger point injections are "Recommended only for myofascial pain syndrome as indicated below, 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." California MTUS guidelines proceed to list criteria for trigger point injection candidates. "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The documentation provided does not show that this patient's case satisfies the above criteria. Documentation of a circumscribed trigger point with evidence upon palpation of a twitch response is not provided. There is no documentation that medical management therapies for this localized region have failed to control pain. This request for a Trigger Point Injection of the Left, Upper Trapezius is not medically necessary.