

Case Number:	CM14-0040788		
Date Assigned:	07/07/2014	Date of Injury:	05/25/2012
Decision Date:	09/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 45-year-old female who has submitted a claim for myofascial pain syndrome, right carpal tunnel syndrome, DeQuervains tenosynovitis; associated with an industrial injury date of 05/25/2012. Medical records from 2014 were reviewed and showed that patient complained of shoulder and neck pain. The pain does not typically radiate. The symptoms were made worse with sitting, bending forward and twisting. Physical examination of the cervical spine revealed no tenderness over the cervical facets. Cervical range of motion was full. Examination of the trapezius musculature revealed tenderness to palpation. There is tenderness to the right wrist and hand. There is a positive Durkins, Phalen's and Finkelstein's test. Treatment to date has included medications, physical therapy, acupuncture and chiropractic sessions. Utilization review, dated 03/24/2014, denied the request for trigger point injection because the provided records indicated a clear failure to attempt conservative measures, such as physical therapy, to manage the myofascial symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection at Left Trapezius Muscle times one (1): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; and radiculopathy is not present. In this case, the patient complains of neck and shoulder pain despite medical management. Physical examination showed tenderness over the trapezius muscles. However, there is no objective evidence of circumscribed trigger points on physical exam. The criteria have not been met. Therefore, the request for TRIGGER POINT INJECTION, LEFT TRAPEZIUS MUSCLE is not medically necessary.