

Case Number:	CM14-0045648		
Date Assigned:	06/30/2014	Date of Injury:	11/26/2011
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 and Rehabilitation, 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 injured worker is a 58-year-old male who reported injury on 11/26/2011. The mechanism of injury was the injured worker was lifting something from a truck. Prior treatments included trigger point injections, intra-articular shoulder injections, physical therapy, and medications. The injured worker was noted to have undergone an MRI of the cervical spine and left shoulder. The medications included Norco. The documentation indicated the injured worker was offered surgery and he declined. Surgical history was noncontributory. The documentation of 02/04/2014 revealed the injured worker had undergone periscapular trigger point injections, intra-articular shoulder injections, physical therapy, and medications from different classes including NSAIDs, opiates, and neuropathic agents. The injured worker indicated that none of the injections had provided him with long lasting meaningful relief. The pain was noted to be located in the shoulder blade on the left side. The documentation indicated on a pain diagram the injured worker shaded the area of the left shoulder and periscapular region and indicated the pain was constant, aching, radiating and stabbing. The surgical history was noncontributory. The diagnostic studies were not provided. Results of the diagnostic studies were not provided. However, it was noted the injured worker had a cervical MRI which revealed very mild disc bulge at C4-5 and C5-6 and a left shoulder x-ray showed AC joint degenerative osteoarthritis. Physical examination of the bilateral shoulders revealed the injured worker had 4/5 motor strength on the left shoulder in abduction and in the biceps. The assessment indicated the physical examination was significant for decreased range of motion in the right shoulder due to pain and significant tenderness to palpation over the infraspinatus musculature and an isolated trigger point which correlated to the course of the suprascapular nerve branch to the infraspinatus or posterior capsule. The physician opined, prior interventional treatments had focused primarily on the shoulder joints. The physician documented, based on the physical examination and history

of injury the suprascapular nerve may be the generator. It was opined, the suprascapular nerve may be a significant pain generator. The treatment plan included a diagnostic suprascapular nerve block to see if there was any significant pain reduction and if he had pain reduction, there may be consideration for radiofrequency ablation of the nerve or serial nerve blocks. Additionally, the treatment plan included trigger point injections of the supraspinatus and subscapularis muscles for diagnostic reasons. Medication were to be refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection Infraspinatus and supraspinatus muscle: 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): 121-122.

Decision rationale: The California MTUS Guidelines indicate that trigger point may be recommended for the treatment of chronic low back pain or neck pain with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There should not be 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. The clinical documentation submitted for review indicated the injured worker had circumscribed trigger points. However, there was a lack of documentation indicating the injured worker had evidence upon palpation of a twitch response and referred pain. Additionally, the injured worker had prior injections and there was a lack of documentation of objective functional benefit that was received and documentation of 50% pain reduction for 6 weeks. The request as submitted failed to indicate the quantity of trigger point injections being requested. Given the above, the request for trigger point injection and infraspinatus and supraspinatus muscle is not medically necessary.