

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0051887 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 05/17/2006 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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 73-year-old female with a reported date of injury on 05/17/2006. The mechanism of injury was reportedly caused by repetitive use while performing her duties as a baker. The injured worker is status post anterior cervical discectomy and fusion at the C5-6 and C6-7 levels on 06/11/2007. Upon physical examination the injured worker presented with neck and right shoulder pain. The MRI of the right shoulder dated 04/26/2013 revealed examination findings consistent with supraspinatus tendinosis and supracoracoid bursitis. In addition, the clinical note dated 06/30/2014 indicates the injured worker complains of chronic pain in her neck, right shoulder, and right wrist and hand with associated neuropathic pain throughout the upper extremity. The injured worker describes her pain at 8/10 without her medications and 4/10 with medications. The clinical information indicated the injured worker underwent trigger point injections at her neck and right shoulder in 05/2014 with a 50% reduction in her spasm and neck pain immediately afterwards. Upon physical examination, the injured worker's right shoulder revealed positive cross adduction and supraspinatus motor testing. Range of motion of the right shoulder was moderately reduced with forward flexion and abduction. The injured worker's diagnoses included cervical degenerative disc disease, chronic cervicalgia, right shoulder impingement syndrome with rotator cuff tendinopathy, right lateral epicondylitis, right carpal tunnel syndrome, residual flexor contractures, pain related insomnia, and pain related depression/anxiety. The injured worker's medication regimen included Exalgo, Prilosec, Dulcolax, Colace, Soma, Klonopin, Norco, Imitrex, and Lidocaine 5% cream. The request for 10 trigger point injections to the shoulder was submitted on 04/18/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Trigger point injections to the shoulder: 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 California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome as indicated. Trigger point injections are not recommended for radicular pain. The criteria for use of trigger point injections includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present; not more than 3 to 4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after injection and there is documented evidence of functional improvement; frequency should not be at an interval less than 2 month; trigger point injections with any substance (saline or glucose) other than local anesthetic with or without steroid are not recommended. According the clinical documentation provided for review, the injured worker underwent trigger point injections in 05/2014. The physician indicated the injured worker had a 50% pain relief but the duration of relief was not recorded within the documentation available for review. In addition, there is a lack of documentation of circumscribed trigger points with evidence upon palpation of a twitch response. There is a lack of documentation related to physical therapy, home exercise, NSAIDs, or muscle relaxants having failed to control pain. In addition, the clinical note dated 06/30/2014 indicates the injured worker continues to note chronic pain in her neck, right shoulder, and right wrist and hand with associated with neuropathic pain throughout the right upper extremity. Furthermore, the guidelines do not recommend more than 3 to 4 injections per session. The request as submitted is requesting 10 trigger point injections, which exceeds the recommended guidelines. Therefore, the request for 10 Trigger point injections to the shoulder is not medically necessary.