

<b>Case Number:</b>	CM14-0058590		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/29/1999
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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:

This 65 year-old female patient sustained an injury on 3/29/1999 while employed by [REDACTED]. Request(s) under consideration include Trigger point injections to the bilateral cervicotracheal junction qty:2.00 (Retrospective DOS:01/08/2014). Diagnoses include s/p bilateral shoulder surgeries with residuals; cervical discogenesis disease; chronic cervical spine sprain/strain. The patient has been deemed Permanent & Stationary for injuries of bilateral shoulders, right elbow, TMJ, Right 3rd and 4th toes; and psyche. MRI of the left shoulder dated 12/20/13 showed full thickness tear of the supraspinatus tendon; minimal subacromial and subscapularis bursitis; minimal glenohumeral joint effusion; and AC joint separation. MRI of cervical spine dated 12/30/13 showed C3-6 DDD with disc protrusions effacing thecal sac and with neuroforaminal narrowing. Report of 1/8/14 from the provider noted the patient has chronic bilateral shoulder pain s/p multiple bilateral shoulder surgeries and chronic cervical spine pain. Exam showed shoulders with positive impingement sign bilaterally; painful range of motion with FF/abd on right and left of 90/90 degrees; facet tenderness; healed arthroscopic incision; TTP at AC joints; Cervical spine with spasm; decreased ROM; radiculopathy bilaterally C5-7; decreased sensation on left C6 level; trigger points elicited. Diagnoses include s/p bilateral shoulder surgeries with residuals; cervical discogenic disease; chronic cervical spine sprain/strain. Treatment plan included medications refill of Norco, Soma, Prilosec, Ativan, and Motrin along with TENS/EMS unit and TPI. Request(s) for Trigger point injections to the bilateral cervicotracheal junction qty:2.00 (Retrospective DOS:01/08/2014) was not medically necessary on 4/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections to the bilateral cervicotrpezial junction qty:2.00 (Retrospective Dos:01/08/2014): 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 injection Page(s): 122.

**Decision rationale:** This 65 year-old female patient sustained an injury on 3/29/1999 while employed by [REDACTED]. Request(s) under consideration include Trigger point injections to the bilateral cervicotrpezial junction qty:2.00 (Retrospective DOS:01/08/2014). Diagnoses include s/p bilateral shoulder surgeries with residuals; cervical discogenic disease; chronic cervical spine sprain/strain. The patient has been deemed Permanent & Stationary for injuries of bilateral shoulders, right elbow, TMJ, Right 3rd and 4th toes; and psyche. MRI of the left shoulder dated 12/20/13 showed full thickness tear of the supraspinatus tendon; minimal subacromial and subscapularis bursitis; minimal glenohumeral joint effusion; and AC joint separation. MRI of cervical spine dated 12/30/13 showed C3-6 DDD with disc protrusions effacing thecal sac and with neuroforaminal narrowing. Report of 1/8/14 from the provider noted the patient has chronic bilateral shoulder pain s/p multiple bilateral shoulder surgeries and chronic cervical spine pain. Exam showed shoulders with positive impingement sign bilaterally; painful range of motion with FF/abd on right and left of 90/90 degrees; facet tenderness; healed arthroscopic incision; TTP at AC joints; Cervical spine with spasm; decreased ROM; radiculopathy bilaterally C5-7; decreased sensation on left C6 level; trigger points elicited. Treatment plan included medications refill of Norco, Soma, Prilosec, Ativan, and Motrin along with TENS/EMS unit and TPI. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings have no clear neurological deficits or failed conservative treatment trial of therapy and medications. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injections to the bilateral cervicotrpezial junction qty:2.00 (Retrospective DOS:01/08/2014) is not medically necessary and appropriate.