

Case Number:	CM14-0080877		
Date Assigned:	07/18/2014	Date of Injury:	10/15/2011
Decision Date:	10/01/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 10/15/11. A utilization review determination dated 5/13/14 recommends non-certification of trapezial trigger point injections. 5/1/14 medical report is mostly illegible, but appears to describe complaints of unspecified weakness and sensitivity. On exam, there is right hand/wrist limited ROM. Patient is able to make a fist. There is a diagnosis of left and right trapezial myofascial pain. Recommendations include OT, right shoulder subacromial steroid injection, and trapezial trigger [illegible].

IMR ISSUES, DECISIONS AND RATIONALES

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

Trapezial trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26 and 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) and

radiculopathy is not present (by exam, imaging, or neuro-testing). Within the documentation available for review, there are no physical examination findings consistent with trigger points as outlined above. In the absence of such documentation, the requested trigger point injections are not medically necessary.