

<b>Case Number:</b>	CM14-0087019		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 & 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:

According to the records made available for review, this is a 44-year-old female with a 10/1/10 date of injury, and status post right shoulder subacromial decompression July 2011. At the time (3/20/14) of request for authorization for Retro 3/20/14 Injection of Lidocaine and Depo Medrol 0.5 cc to right trapezius muscle, there is documentation of subjective (chronic pain in cervical spine and right shoulder) and objective (spasm and tenderness in paravertebral muscles of cervical spine with decreased range of motion on flexion and extension, decreased sensation with pain noted in C6 and C7 dermatomal distributions bilaterally, decreased grip strength noted bilaterally, discomfort on elevation of right upper extremity against gravity at approximately 95 degrees, and trapezius muscle tenderness noted in right side) findings, current diagnoses (cervical radiculopathy, cervical sprain/strain, and right shoulder tendinitis/bursitis), and treatment to date (medications (including proton pump inhibitors, Non-steroidal anti-inflammatory drugs, Soma, and Norco), cervical epidural steroid injection, and physical therapy). Medical report identifies a mixture of Lidocaine and Depo-Medrol 0.5 cc was injected at three points identified by the patient in her right trapezius. There is no documentation of myofascial pain syndrome; and circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Injection of Lidocaine and Depo Medrol 0.5 cc to right trapezius muscle for dos 3/20/14: 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): 122.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical sprain/strain, and right shoulder tendinitis/bursitis. In addition, there is documentation that symptoms have persisted for more than three months; medical management therapies such as physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present; and no more than 3-4 injections per session. However, there is no documentation of myofascial pain syndrome; and circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, based on guidelines and a review of the evidence, the request for Retro 3/20/14 Injection of Lidocaine and Depo Medrol 0.5 cc to right trapezius muscle is not medically necessary.