

Case Number:	CM13-0020855		
Date Assigned:	10/11/2013	Date of Injury:	04/27/2011
Decision Date:	03/06/2015	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 (IW) is a 39-year-old female, who sustained a continuous trauma, industrial injury from April 28, 2010 through April 28, 2011. She has reported neck pain radiating to the right upper extremity, right shoulder pain and sleep difficulties and was diagnosed with right shoulder tenosynovitis, right trapezius sprain and cervical strain. Treatment to date has included anti-inflammatories, physical therapy, diagnostic studies, radiographic imaging and modified work duties. Currently, the IW complains of neck pain radiating to the right upper extremity, right shoulder pain and sleep difficulties. The injured worker sustained a continuous trauma injury secondary to customary work duties as a telephone banker. The course of treatment was noted to include conservative care, medication, physical therapy and modified work duties. On January 25, 2013, evaluation revealed continued pain in the neck an upper extremity. A recommendation was made for an ultrasound of the right shoulder and a home traction device. It was noted the IW was laid off. On May 16, 2013, she reported increased tingling and pain in the right shoulder. The treatment plan included cortisone injection versus surgical intervention of the right shoulder and right shoulder magnetic resonance imaging. There was no documentation of the efficacy of the pain medications or physical therapy. The MRI of the right shoulder in June 2013 was unremarkable. On August 9, 2013, Utilization Review non-certified a right, trapezius trigger point injection under ultrasound guidance, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On September 6, 2013, the injured worker submitted an application for IMR for review of a requested right trapezius trigger point injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right shoulder/trapezius trigger point injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the guidelines, trigger point injections have no proven benefit in treating neck and upper back symptoms. They have limited and short-term benefit. In this case, the claimant had already received prior injections. The request for additional trapezial and shoulder injections is not medically necessary.