

Case Number:	CM14-0132967		
Date Assigned:	08/22/2014	Date of Injury:	08/14/2013
Decision Date:	04/20/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/20/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old male, who sustained an industrial injury on August 14, 2013. He reported that while performing usual job duties, a warehouse worker pulled a knife and threatened him, gradually experiencing headaches, neck pain, and nervousness. The injured worker was diagnosed as having cervical spine sprain/strain, MRI finding of 1-2mm disc protrusion at C4-C5, 2.1mm protrusion at C5-C6, and a 2mm disc protrusion at C6-C7, lumbar spine sprain/strain, MRI findings of 2.2mm disc protrusion at L4-L5 and L5-S1, with symptoms improved significantly with therapy, right shoulder impingement syndrome with bursitis and tendinitis, and neck pain improved significantly with therapy. Treatment to date has included acupuncture, and medication. Currently, the injured worker complains of right shoulder pain with neck and lower back pain improved significantly. The Primary Treating Physician's report dated May 7, 2014, noted the neck and back tender, with the injured worker continuing to need treatment. The Physician noted that based on the history and exam and review of records, the injured worker has an industrial related injury involving repetitive trauma from September 2012 to August 2013, concerning the cervical and lumbar spine as well as the shoulders and psyche. The injured worker had requested an injection to his right shoulder as was previously recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient follow up appointment with right shoulder trigger point injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, under Trigger Point Injections.

Decision rationale: The patient presents with unrated neck pain, lower back pain, and pain in the right shoulder. The patient's date of injury is 08/14/13. Patient has no documented surgical history directed at these complaints. The request is for OUTPATIENT FOLLOWUP APPOINTMENT WITH RIGHT SHOULDER TRIGGER POINT INJECTION. The RFA is dated 05/21/14. Physical examination dated 04/14/14 reveals reduced range of motion and positive O'Brien's test to an unspecified shoulder - presumably the right. The patient's current medication regimen was not provided. Diagnostic imaging included an MRI of the right shoulder dated 02/01/14 with unremarkable findings. Per 06/30/14 progress note, patient is classified as temporarily totally disabled through 09/11/14. ODG Pain chapter, under Trigger Point Injections, has the following: "Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality... Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of myofascial pain syndrome when all of the following criteria are met: 1. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2. Symptoms have persisted for more than three months..." In regard to the request for trigger point injections to the patient's shoulder, the patient does not meet guideline criteria. Progress notes do not document any trigger point injections to date. Progress reports dated 04/14/14 documents reduced range of motion and positive O'Brien's test to the right shoulder. The documentation provided does not include any findings of trigger points or specifically diagnose this patient with myofascial pain disorder of the right shoulder. A comprehensive review conducted 05/07/14 discusses that this request was originally intended to be a steroid injection to the shoulder, not a trigger point injection. The reviewing physician discusses this error and signals his intent to rectify it so as to prospectively obtain authorization for a steroid injection. However, the associated IMR application for this request reverts to the original request for trigger point injections. Owing to a lack of support from guidelines for trigger point injections for this patient's condition/clinical presentation, necessity cannot be substantiated. The request IS NOT medically necessary.