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| Case Number: | CM14-0189706 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 05/18/2013 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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:

Claimant is a 36 year old female injured worker with date of injury 5/18/13 with related right shoulder pain. Per progress report dated 8/6/14, the injured worker complained of residual pain about the right shoulder. She also complained of stiffness which had caused right neck and upper back stiffness. She reported difficulty moving the right shoulder and neck. Per physical exam, there was tenderness to palpation of the bicipital tendon with tenderness on subdeltoid bursa. Range of motion was limited with pain and weakness of the right arm when the shoulder was abducted beyond 90 degrees. She was status post SLAP repair of the right shoulder 7/28/14. Treatment to date has included physical therapy, cortisone injections, and medication management. The date of UR decision was 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections completed on 8/29/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Points Injections.

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

Decision rationale: With regard to trigger point injections, the California MTUS Chronic Pain Medical Treatment Guidelines states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with 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; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (Blue Cross Blue Shield, 2004)" Per the 8/29/14 progress note, it was documented under the procedure note that "a total of 2 palpable trigger points were injected. Twitch responses were obtained." Though they were not documented upon physical examination, I respectfully disagree with the UR physician's presumption that they were obtained upon injection. The request was medically necessary.