

Case Number:	CM14-0191091		
Date Assigned:	11/24/2014	Date of Injury:	12/08/2012
Decision Date:	01/31/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

The patient is a 34 year old female with date of injury 12/8/12. The mechanism of injury is stated as hitting her hand in a sink. The patient has complained of right shoulder and neck pain since the date of injury. She has been treated with right shoulder arthroscopy and subacromial decompression in 03/2014, trigger point injections, physical therapy and medications. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the trapezius and rhomboid musculature bilaterally. Diagnoses: right shoulder pain and muscle strain, cervicgia. Treatment plan and request: trigger point injection cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back.

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

Decision rationale: This 34 year old female has complained of right shoulder and neck pain since date of injury 12/18/12. She has been treated with right shoulder arthroscopy and subacromial decompression in 03/2014, trigger point injections, physical therapy and

medications. The current request is for trigger point injections of the cervical spine. Per the MTUS guidelines cited above, 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. The available medical documentation fails to meet criteria number (1) and (6) above. That is, there is no objective documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on physical examination nor is there documentation of a greater than 50 % pain relief for at least 6 weeks after the previous cervical spine trigger point injection. On the basis of the MTUS guidelines and available medical documentation, cervical spine trigger point injection is not indicated as medically necessary in this patient.