

Case Number:	CM14-0206190		
Date Assigned:	12/18/2014	Date of Injury:	08/06/2014
Decision Date:	02/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 and 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:

The patient is a 40 year old male with date of injury 08/04/14. The treating physician report dated 10/09/14 (26) indicates that the patient presents with right shoulder pain traveling to his neck and upper back. The patient rates the pain at 7/10 and notes that the pain is worsening. Patient also has difficulty failing asleep due to pain. The Physical examination findings reveal decreased ROM in the Right Shoulder. Shoulder flexion is 160/180, Shoulder Extension is 40/50, Shoulder Abduction is 160/180, Shoulder Adduction is 40/50, Shoulder Interior and Exterior Rotation is 90/90. The current diagnoses are: 1. Right shoulder sprain/strain 2. Rule out Right Shoulder internal derangement 3. Right AC Joint Separation 4. Depression/anxiety/stress The utilization review report dated 11/05/14 denied the request for Trigger point injection based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with right shoulder pain. The current request is for Trigger point injection, right shoulder. The treating physician states, "At this moment we are requesting for authorization for the patient to have a trigger finger injection to the right shoulder due to chronic pain." The MTUS guidelines state, 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." In this case, the current documentation does not show that the patient has a circumscribed trigger point with evidence upon palpation of a twitch response as well as referred pain. Additionally, MTUS allows for trigger point injections of the back and neck and not the shoulder. The current request is not medically necessary.