

Case Number:	CM14-0206241		
Date Assigned:	01/07/2015	Date of Injury:	05/23/2013
Decision Date:	02/10/2015	UR Denial Date:	11/11/2014
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 Rehabilitation, has a subspecialty in Interventional Spine 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 45 year old female with an injury date of 05/23/13. The 11/04/14 progress report states that the patient presents with chronic lower back pain radiating to the lower extremity left greater than right and left shoulder pain. The patient has weakness in the left hand and drops things frequently. The patient experiences occasional mood swing. Examination reveals decreased range of motion of the left shoulder and cervical PSM spasm. The patient's diagnoses include: 1. Left shoulder s/p 2014. 2. Lumbar degenerative disease. 3. Poor coping. 4. Sleep issues. 5. Change in sexual function. 6. Myofascial pain. Per the report, the patient is S/p left shoulder surgery by 4 months. The operative report left shoulder that is included shows a date of 02/04/14. The patient received 16 sessions of physical therapy with 5% improvement. TPI improved range of motion and previous ultrasound reduced shoulder pain and improved sleep. Chiropractic treatment lumbar has been helpful and is continuing due to persistent neuropathic pain. The patient is awaiting left shoulder ortho evaluation, and psychologist evaluation and CBT X 12. The 11/26/14 report shows ESI L4, L5 08/01/13 and 10/04/13. The utilization review is dated 11/11/14. Reports were provided for review from 01/20/14 to 12/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

Decision rationale: The patient presents with chronic lower back pain with radiation to the lower extremity and left shoulder pain status post 02/04/14 left shoulder arthroscopy. Pain is rated 6/10. The current request is for One Trigger Point Injection per report of 10/13/14. The MTUS, Trigger point injections, Page 122 has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. MTUS also states, "Not recommended for radicular pain." The treater does not discuss this request in the reports provided. The patient has a diagnosis of myofascial pain for which this request is indicated. The 10/13/14 report states no prior TPI was done in the past. The procedure note dated 10/13/14 states that palpated, trigger points are identified; however, no objective findings are provided in recent reports of circumscribed trigger points. The location of the injections are not documented. The 10/13/14 progress report does state there is tenderness to palpation and there is cervical PSM spasm; however, there is no documentation of evidence of twitch response upon palpation. In this case, the request is not medically necessary.