MAXIMUS Federal Services

Case Number:	CM15-0010070		
Date Assigned:	01/27/2015	Date of Injury:	09/04/2012
Decision Date:	04/13/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 63 year old female who sustained an industrial injury on 09/04/2012. She complains of right hand, arm, wrist, shoulder and back pain. Diagnoses include carpal tunnel syndrome, shoulder impingement, cervical radiculitis, rotator cuff tear, rotator cuff syndrome, and status post right shoulder surgery September of 2013. Treatment to date has included medications, home exercise program, Transcutaneous Electrical Nerve Stimulation Unit (TENS Unit), physical therapy and acupuncture. A physician progress note dated 11/12/2014 documents the injured worker complains of right shoulder and neck pain rated 7 out of 10 and the pain is described as tightness, throbbing, burning with radiation to the right upper arm. She has been using the TENS Unit and hot water to help control her pain. She has a positive Spurling's maneuver on the right. A progress note dated 12/29/2014 documents decreased neck and shoulder range of motion. Treatment requested is for trigger point injections right only. On 01/09/2015 Utilization Review non-certified, the request for trigger point injections right only, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections, Right only Qty: 4.00: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, there was insufficient evidence documented from physical examination findings to suggest the worker had trigger points, which would be required in order to justify any request for trigger point injections. Therefore, the trigger point injections on the right will be considered medically unnecessary.