

Case Number:	CM15-0016427		
Date Assigned:	02/04/2015	Date of Injury:	06/09/2008
Decision Date:	04/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 56 year female, who sustained an industrial injury, June 9, 2008. According to progress note of November 26, 2014 the injured workers chief complaint was pain in the right shoulder and arm. The injured worker rated the pain at 9 out of 10; 0 being no pain and 10 being the worse pain, with pain medication 5 out of 10. The injured worker was unable to do 5 minutes of activity without pain medication. According to the progress note of October 2, 2014 the Toradol injection really helped with the breakthrough pain. The injured worker was diagnosed with right carpal tunnel syndrome with surgery March 2010, neck pain, right shoulder with mild to moderate supraspinatus/infraspinatus tendinopathy, minimal osteoarthritis of the AC joint, subacromial/subdeltoid mild bursitis, right wrist pain, lumbar discectomy not industrial and spur removal in 2001 and peripheral neuropathy in both feet nonindustrial. The injured worker previously received the following treatments Norco, Ibuprofen, Gabapentin, Zanaflex, Triamterene, Effexor, physical therapy, surgery on the right shoulder and Toradol injections. On October 2, 2014, the primary treating physician requested authorization for trigger point injects times 4. On January 26, 2014, the UR denied authorization for trigger point injects times 4. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (4) to the 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 injured worker sustained a work related injury on in 2001. The medical records provided indicate the diagnosis of right carpal tunnel syndrome with surgery March 2010, neck pain, right shoulder with mild to moderate supraspinatus/infraspinatus tendinopathy, minimal osteoarthritis of the AC joint, subacromial/subdeltoid mild bursitis, right wrist pain, lumbar discectomy not industrial and spur removal in 2001 and peripheral neuropathy in both feet nonindustrial. The injured worker previously received the following treatments Norco, Ibuprofen, Gabapentin, Zanaflex, Triamterene, Effexor, physical therapy, surgery on the right shoulder and Toradol injections. The medical records provided for review do not indicate a medical necessity for Trigger point injections (4) to the right shoulder. The MTUS states that 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 criteria are met: The criteria include:(1) Documentation of circumscribed trigger; (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 records indicate the injured worker has marked pain improvement with medications; there was no documentation indication the pain is not radicular, neither was there a documentation of twitch response, or the substance that would be used for the trigger point injection. The request is not medically necessary.