

Case Number:	CM15-0131368		
Date Assigned:	07/17/2015	Date of Injury:	09/27/2013
Decision Date:	08/18/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

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 is a 34-year-old female, who sustained an industrial injury on 8/27/2013. Diagnoses include chronic right shoulder pain and chronic neck pain with radiation down the right upper extremity. Treatment to date has included diagnostics and oral and topical medications including Norco, ibuprofen, Relafen, Flexeril and was using Bio Freeze. Magnetic resonance imaging (MRI) of the right shoulder dated 1/02/2014 was read the evaluating provider as mild tendinosis distal supraspinatus tendon but no full thickness or partial thickness tear. Per the Primary Treating Physician's Progress Report dated 5/26/2015, the injured worker reported average pain 5-6/10. With her medications, she is able to work an 8-hour shift with restrictions. Physical examination revealed no significant changes. Per the 6/09/2015 Medical Legal Report she is described as tearful at times and is rubbing the right trapezius musculature. The plan of care included refill of medications, physical therapy and trigger point injections. Authorization was requested on 6/25/2015 for right shoulder trigger point injections x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Trigger Point Injections Qty: 2: Upheld

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

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

Decision rationale: The MTUS lists the following criteria for the use of Trigger point injections: 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 medical examination associated with the request for authorization did not list any objective findings pertaining to myofascial pain or myofascial trigger points. Right shoulder trigger point injections qty: 2 are not medically necessary.