

Case Number:	CM15-0136343		
Date Assigned:	07/24/2015	Date of Injury:	05/08/2003
Decision Date:	08/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 5/08/2003. Diagnoses include left shoulder pain, depression, cervical spine radiculitis and left shoulder arthroscopy x 6. Treatment to date has included multiple surgical interventions of the left shoulder as well as conservative treatment including diagnostics, activity modification, medications and prior trigger point injections with three weeks of improvement noted. Current medications include Amrix, Bisacodyl, Cyclobenzaprine, Cymbalta, Escitalopram, Lidoderm patch, Lorazepam, OxyContin ER and Promethazine. Per the Primary Treating Physician's Progress Report dated 5/08/2015, the injured worker reported continuing left shoulder pain. Physical examination of the left shoulder revealed moderate restriction on the left side with tenderness laterally. Range of motion was reduced by 50% due to pain. The plan of care included, and an ultrasound guided trigger point injection was administered. Authorization was requested for trigger point injections under ultrasound guidance bilateral trapezius x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection under ultrasound guidance to the bilateral traps x 4: 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: MTUS recommends trigger point injections based on specific clinical criteria, including documentation of circumscribed trigger points with a twitch response as well as failure to respond to specific first-line treatment and absence of radiculopathy. The records in this case do not clearly document trigger points as defined in MTUS and an alternate rationale has not been provided. This request is not medically necessary.