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| Case Number: | CM15-0138578 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 03/21/2000 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 06/14/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old woman sustained an industrial injury on 3/21/2000. The mechanism of injury is not detailed. Evaluations include electromyogram/nerve conduction studies of the bilateral upper extremities dated 1/27/2009 and 4/2/2002, laboratory testing dated 8/5/2013, cervical spine x- rays dated 1/16/2003, and right shoulder MRIs dated 4/5/2002 and 6/29/2001. Diagnoses include carpal tunnel syndrome, right shoulder pain, cervical disc disorder, and muscle spasm. Treatment has included oral medications, shoulder injection, and surgical intervention. Physician notes dated 5/21/2014 show complaints of cervical spine and right shoulder pain rated 7/10. Recommendations include continue current medications regimen including Amitiza, Norco, Duragesic patch, laboratory testing, increase physical activity, trigger point injections, and follow up I four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger point injection: Upheld

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

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

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. The CPMTG provides this definition: "A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band." Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. In the absence of such documentation, the requested trigger point injections are not medically necessary.