

Case Number:	CM15-0165174		
Date Assigned:	09/02/2015	Date of Injury:	11/06/2013
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California
 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:

This 36-year-old male sustained an industrial injury on 11-06-13. He subsequently reported shoulder pain. Diagnoses include subacromial impingement. Treatments to date include MRI testing, physical therapy, acupuncture, and chiropractic care and prescription pain medications. The injured worker has continued complaints of right shoulder and low back pain. Upon examination, there was numbness and tingling sensation noted. Motor strength was reduced in the right lower extremity. A request for Trigger point injection, 2 times for 4 sites for a total of 8 injections was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection, 2 times for 4 sites for a total of 8 injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant was receiving medications and therapy, which provides more long-term and substantial benefit. The claimant had also received prior injections. Therefore, the request for additional trigger point injection is not medically necessary.