

Case Number:	CM15-0185121		
Date Assigned:	09/25/2015	Date of Injury:	09/06/2011
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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, 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:

The injured worker is a 48 year old male who sustained an industrial injury on 09-06-2011. Current diagnoses include right carpal tunnel syndrome, chronic right shoulder pain, myofascial pain component in the shoulder, neck, and thoracic areas, neck pain, thoracic pain, chronic low back pain, depression and anxiety due to chronic pain, GERD and gastritis. Report dated 08-21-2015 noted that the injured worker presented with complaints that included ongoing neck, right shoulder, and right upper extremity pain. Pain level was 5-6 (without Norco) and 3 (with Norco) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-21-2015 revealed tenderness over the right trapezius between the shoulder blade and thoracic spine with active spasm. Previous diagnostic studies included a right shoulder MRI on 08-11-2015 which revealed an inflamed acromioclavicular joint with arthropathy. Previous treatments included medications, psychotherapy, surgical intervention (right wrist), and physical therapy. The treatment plan included a written prescription for Norco, continue Zanaflex, request for in office trigger point injection to the right trapezius, follow up with QME, and return in one month. Request for authorization dated 08-31-2015, included requests for in office trigger point injection and Norco. The utilization review dated 09-09-2015, non-certified the request for a trigger point injection of the right trapezius for the right shoulder. The patient's surgical history include right CTR on 3/2015. The medication list include Norco, Zanaflex, Prilosec and Zoloft. The patient has had MRI of the cervical spine on 4/15/13 that revealed bulging of disc; EMG of upper extremity on 11/30/11 that was normal. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection of the right trapezius for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Trigger point injection of the right trapezius for the right shoulder. MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (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. The records provided did not specify the indications for trigger point injections listed above. The records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises have failed to control pain was also not specified in the records provided. The patient has received an unspecified number of PT visits for this injury till date. Evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The medical necessity of the request for Trigger point injection of the right trapezius for the right shoulder is not fully established in this patient.