

<b>Case Number:</b>	CM15-0187779		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 53-year-old male, who sustained an industrial injury on 9-13-2013. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder sprain and neck sprain. On 8-21-2015, the injured worker reported right shoulder and neck pain. The Primary Treating Physician's report dated 8-21-2015, noted the injured worker had pain when he drives, was unable to sleep, and was depressed and seeing a psychologist. The physical examination was noted to show decreased right range of motion (ROM) with no tenderness noted of the shoulders. The cervical spine was noted to have right tenderness and spasms of the cervical and trapezius muscles with noted trigger points of the trapezius. Prior treatments have included bracing, massage, cold-heat, at least 12 sessions of physical therapy, chiropractic treatments, and cortisone injection. The Physician noted the injured worker had right sided injury to his neck and shoulder with spasms and trigger points, needing aggressive treatments and therapy to return to his usual job. The Physician requested 12 sessions of chiropractic treatments and 3 trigger point injections to the right shoulder, with "Fenoprofen", Prilosec, Flexeril, and Lunesta prescribed. The Physician noted the injured worker had used a TENS unit that had helped in therapy and prescribed a TENS unit in conjunction with the home therapy to decrease spasms. The request for authorization dated 8-27-2015, requested three (3) trigger point injections to the right shoulder. The Utilization Review (UR) dated 9-3-2015, denied the request for three (3) trigger point injections to the right shoulder as not medically necessary or appropriate.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) trigger point injections to 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:** With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "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. (Colorado, 2002) (BlueCross BlueShield, 2004)" The medical records submitted for review do not contain documentation of circumscribed trigger points. The criteria are not met, the request is not medically necessary.