

Case Number:	CM15-0187994		
Date Assigned:	09/29/2015	Date of Injury:	01/16/2007
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	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: Massachusetts

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:

The injured worker is a 68 year old male who sustained an industrial injury on 01/16/2007. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral shoulder pain. The injured worker has a history of Crohn's disease. The injured worker is status post right shoulder hemiarthroplasty (2008) and left shoulder rotator cuff repair and acromioplasty. According to the treating physician's progress report on 08-19-2015, the injured worker continues to experience bilateral shoulder and neck pain radiating to the fingers with mild spasm of the trapezius muscle. Examination of the right shoulder demonstrated profound parascapular spasm. Bilateral shoulder range of motion was worse on the right and documented as flexion at 90 degrees, extension at 20 degrees, and abduction at 115 degrees and adduction at 60 degrees. Hawkins maneuver was negative with no evidence of rotator cuff or superior labral anterior posterior (SLAP) tear in either arm. Prior treatments have included diagnostic testing, surgery, bilateral shoulder injections, physical therapy, home exercise program and medications. Current medications were listed as Norco, Lidoderm patches, medicinal marijuana, Prednisone and Omeprazole. On 09-08-2015 the provider requested authorization for parascapular trigger point injections under fluoroscopy for the right shoulder. The Utilization Review modified the request for parascapular trigger point injections under fluoroscopy for the right shoulder to parascapular trigger point injections without fluoroscopy for the right shoulder on 09-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parascapular trigger point injections under fluoroscopy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Trigger Point Injections (TPIs).

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

Decision rationale: The claimant sustained a work injury in January 2007 and is being treated for shoulder and neck pain after slipping and falling while working in maintenance. He underwent right shoulder arthroplasty in August 2008 and a left subacromial decompression in June 2009. When seen, he was having right shoulder spasms and was requesting a trigger point injection. Physical examination findings included decreased and painful cervical range of motion. There were trapezius muscle spasms. There was a close examination of the shoulders. There was decreased range of motion. Orthopedic testing was negative. There was decreased upper extremity sensation. Trigger point injections with fluoroscopy were requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electro diagnostic testing. In this case, the presence of a twitch response with referred pain is not documented. Fluoroscopy would not be needed for this type of injection. A trigger point injection is not considered medically necessary.