

Case Number:	CM15-0200228		
Date Assigned:	11/06/2015	Date of Injury:	12/15/2000
Decision Date:	12/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency Medicine

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 50 year old male sustained an industrial injury on 12-15-2000. The injured worker was being treated for shoulder synovitis, major depressive disorder, panic disorder, and generalized anxiety disorder. The injured worker (4-7-2015, 6-30-2015, and 7-30-2015) reported ongoing right shoulder pain. The physical exam (4-7-2015, 6-30-2015, and 7-30-2015) revealed positive impingement signs, decreased range of motion of the right shoulder, and scars. Treatment to date includes off work, pain management, psychotherapy, and medications anti-epilepsy, proton pump inhibitor, anti-anxiety, and antidepressant. Per the treating physician (7-30-2015 report), the injured worker was to remain off work. On 9-3-2015, the requested treatments included 1 trigger point injection for the right shoulder. On 9-22-2015, the original utilization review non-certified a request for 1 trigger point injection for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection 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: The requested 1 trigger point injection for the right shoulder, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "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." The injured worker has right shoulder pain. The physical exam (4-7-2015, 6-30-2015, and 7-30-2015) revealed positive impingement signs, decreased range of motion of the right shoulder, and scars. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the criteria percentage or duration of relief from previous injections. The criteria noted above not having been met, 1 trigger point injection for the right shoulder is not medically necessary.