

Case Number:	CM15-0201887		
Date Assigned:	10/16/2015	Date of Injury:	02/22/2013
Decision Date:	12/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 42 year old female who sustained an industrial injury on 02-22-2013. Medical records indicated the worker was treated for myofascial pain syndrome and right rotator cuff syndrome. In the provider notes of 09-08-2015, the injured worker complains of pain in the right shoulder, especially with overhead activities. She complained of difficulty sleeping on the right shoulder and a feeling of weakness in the right shoulder. The worker had a MRI 02-13-2015 that showed mild inflammatory changes in the right shoulder, calcific tendonitis, no evidence of shoulder rotator cuff tearing, mild global degenerative changes of the labrum without tearing, and moderate tendinosis of the intra-articular long head of the biceps tendon without tearing. The worker's medications include Voltaren XR, omeprazole, Flexeril, Neurontin, and a topical Methoderm gel. On examination she had decreased range of motion in the right shoulder with tenderness in the right deltoid insertion point and muscle spasms in the right trapezius. Trigger points were noted in the right trapezius, rhomboid, and paracervical muscle areas. The shoulders had normal sensation, normal reflexes, and decreased strength on all planes. There was a positive right shoulder impingement sign. An ultrasound-guided injection was administered in four trigger point locations of the right trapezius (shoulder), rhomboid (thoracic spine), and paracervical muscles (cervical spine). A request for authorization was submitted for: Retrospective request for 4 trigger point injections for the right shoulder rhomboid (T-spine) and paracervical muscles using 5 cc 1% Lidocaine under ultrasound DOS 9/8/15. A utilization review decision 09-14-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 4 trigger point injections for the right shoulder rhomboid (T-spine) and paracervical muscles using 5 cc 1% Lidocaine under ultrasound DOS 9/8/15:
Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. In this case the exam notes from 9/8/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.