

Case Number:	CM15-0205931		
Date Assigned:	10/22/2015	Date of Injury:	09/06/2011
Decision Date:	12/04/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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 48 year old male, who sustained an industrial-work injury on 9-6-11. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right shoulder pain and right upper extremity pain with myofascial pain component in the shoulder, neck and thoracic areas. Treatment to date has included pain medication, Norco, Zoloft, Tramadol, Zanaflex, Prilosec, Nonsteroidal anti-inflammatory drugs, physical therapy at least 8 sessions right hand, muscle relaxants, chiropractic, acupuncture, psychotherapy, diagnostics, and other modalities. Magnetic resonance imaging (MRI) of the right shoulder dated 8-11-15 reveals inflamed acromioclavicular joint (AC) with arthropathy. Medical records dated 8-21-15 indicate that the injured worker complains of ongoing neck, right shoulder and right upper extremity pain rated on average 5-6 out of 10 on the pain scale and 9 out of 10 without medication. The medication brings it down to about 3 out of 10. The medical records also indicate that the activities of daily living (ADL) are unchanged. Per the treating physician report dated 9-18-15 the work status is with restrictions. The physical exam reveals no significant change. The majority of tenderness is over the right trapezius between the shoulder blade and thoracic spine with active spasm. The request for authorization date was 9-28-15 and requested service included Right trapezius trigger point injection. The original Utilization review dated 10-8-15 non-certified the request for Right trapezius trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right trapezius trigger point injection: 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 defines a trigger point as "a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination." The guidelines continue to define the indications for trigger point injections which are as follows: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain or fibromyalgia. 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." CA MTUS guidelines state that trigger point injections are not indicated for radicular pain, fibromyalgia, typical back pain or typical neck pain. In this case the exam notes from 9/18/15 demonstrates evidence of myofascial pain syndrome. The documented physical examination does show tenderness to palpation with active spasm which seems to fulfill the requirement of there being "a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band." However this patient has radicular pain, and trigger point injections are not recommended for radicular pain or fibromyalgia. Therefore the determination is not medically necessary.