

Case Number:	CM15-0021103		
Date Assigned:	02/10/2015	Date of Injury:	11/02/2011
Decision Date:	04/02/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/03/2015

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: 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:

This is a female injured worker who sustained an industrial injury on November 2, 2011. She has reported injury to her neck and right shoulder. The diagnoses have included cervical sprain, right elbow sprain, right wrist sprain, left knee sprain, chronic pain syndrome and myofascial pain syndrome. Treatment to date has included H-wave stimulation, medication, psychotherapy, trigger point injections, therapy, home exercise program and chiropractic treatments. On October 23, 2013, the injured worker complained of pain in the right side of her neck, scapular region, right shoulder, right elbow, bilateral forearms, bilateral hands, left knee and low back. She reported immediate relief lasting for 2 weeks after trigger point injections in the trapezius and scapular regions. The pain was decreased in the neck area, scapular area, right shoulder, right elbow, bilateral forearms and bilateral hands. On December 30, 2014, Utilization Review non-certified trigger point injections 4units (date of service 12/16/14) for the neck and shoulders, noting the CA MTUS Guidelines. On February 3, 2015, the injured worker submitted an application for Independent Medical Review for review of trigger point injections 4units (date of service 12/16/14) for the neck and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Trigger Point Injections 4 units (body parts, neck and shoulder)
DOS 12/16/14: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there have been prior trigger point injections. Although there was pain reduction, no medication reduction is documented. This is requisite criteria for repeat injections per CPMTG. Therefore, the requested trigger point injections are not medically necessary.