

Case Number:	CM15-0213098		
Date Assigned:	11/02/2015	Date of Injury:	01/07/2013
Decision Date:	12/22/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/29/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 47 [REDACTED] year old female, who sustained an industrial injury on 1-17-2013. The injured worker is being treated for cervical disc injury with neck pain and radiculopathy, lumbar disc degeneration, back pain and sacroiliac pain, and right sacroiliac strain. Treatment to date has included trigger point injections and medications. Per the Primary Treating Physician's Progress Report dated 10-08-2015, the injured worker (IW) was status post three trigger point injections administered on 9-24-2015 to the right shoulder girdle area in the region of the proximal trapezius, levator scapula as well as rhomboids. She reports that she has near complete resolution of pre-injection pain for a period of about 4 days. She then incorporated a home exercise program with stretching. She reports that the benefit of the injection procedure has allowed an increase in ADLs including cooking, cleaning, self-care and less pain. She attempted to return to modified work but her employer was unable to accommodate her request. Current medications include tramadol and cyclobenzaprine and Etodolac. Objective findings included mild tenderness of the right shoulder girdle area with trigger points with positive twitch response noted at the junction of mid and proximal trapezius, levator scapula superior to the scapular border and mid area of the rhomboids. She reports increased pain in these areas with protraction and flexion of the shoulder. The plan of care included, and authorization was requested for repeat trigger point injections x 3 sites in the right shoulder. On 10-22-2015, Utilization Review non-certified the request for repeat trigger point injections x 3 sites in the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Trigger Point Injections x 3 Sites in the Right Shoulder: 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: The claimant is a 47 year old with date of injury of 1/7/2012 and diagnosis of cervical disc injury, and chronic neck and right shoulder pain. The request is for repeat trigger point injections (TPI). MTUS Guidelines have very strict criteria for TPI. In this case, the claimant does not meet the criteria for repeat injections. The claimant had previous TPI on 9/24/2015 that resulted in 4 days of pain relief. There is no evidence of at least 50% pain relief for the required 6 weeks time period. The request is made 4 weeks following the first injection, which is too soon according to criteria which state that injections should not be performed at an interval of less than 2 months. Therefore the request is not medically necessary or appropriate.