

Case Number:	CM15-0217030		
Date Assigned:	11/06/2015	Date of Injury:	12/14/2011
Decision Date:	12/22/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/04/2015

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

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 49 year old female who sustained an industrial injury on December 14, 2011. The worker is being treated for: right residual shoulder distal clavicle excision, acromioplasty and bursectomy August 2012, postoperative arthrofibrosis, severe myofascial pain syndrome right scapula, cervical and pectoral muscles, cervical spasms, chronic headaches, radiating parasthesia's into right upper extremity, sleep and mood impairment. Subjective: April 13, 2015 she reported "sleep had slightly improved." May 11, 2015 she reported unable to obtain Celebrex which had increased her pain in the right shoulder along with increased left shoulder pains due to compensatory functions. Objective: April 13, 2015, May 11, 2015 noted the patient with "mild guarding" when doffing her jacket. The cervical spine noted posterior facets remained tender to deep pressure; facet loading provoked pain and there was tenderness to palpation with taught bands at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. ROM was significantly limited. Bilateral shoulders tender to palpation. Positive testing noted at right shoulder with: Neer's, Hawkin's and subscapularis lift off; right side. Medication: noted with sensitivity allergy to: Vicodin, Tramadol, Lyrica causing nocturnal dyspnea and excessive sedation. April 13, 2015: Omeprazole, Celebrex, Duloxetine (noted caused palpitations reduction in dose and adjusted Atenolol), Pennsaid solution. June 15, 2015: Celebrex, Omeprazole, Pennsaid. Treatment: March 2015: requested TPI's, exercises using pinky ball and pulleys, requesting psychological assessment, and medications. On October 22,

2015 a request was made for a total of 5 sessions trigger point injections treating neck and shoulder which were noncertified by Utilization Review on November 03, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to neck and shoulder, Session 2 Qty: 4: 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 49 year old patient presents with residual right shoulder distal clavicle excision, acromioplasty and bursectomy on 08/17/12; post-operative arthrofibrosis with painful restriction of range of motion; severe myofascial pain syndrome in right scapula, cervical and pectoral muscles; cervical muscle spasm with limited range of motion; chronic headaches with migraine qualities; radiating paraesthesia along distribution of the right brachial plexus; sleep impairment due to chronic pain; mood impairment due to chronic pain; and sensitivity to Vicodin, Tramadol and Lyrica causing nocturnal dyspnea and excessive sedation; as per progress report dated 10/22/15. The request is for TRIGGER POINT INJECTIONS TO NECK AND SHOULDER, SESSION 2 QTY: 4. The RFA for this case is dated 10/22/15, and the patient's date of injury is 12/14/11. Medications, as per progress report dated 10/22/15, included Pennsaid Diclofenac topical solution, and Omeprazole. The reports do not document the patient's work status. The MTUS Chronic Pain Guidelines 2009, on page 122 and Trigger Point Injections section, state that 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. In this case, a request for trigger point injections to reduce severity of her pain is noted in progress report dated 10/22/15. As per the report, the prior trigger point injections significantly reduced pain by over 50% and increased her activities of daily living. The treater also states that the trigger points have not been injected in the past year. The treater further explains that the patient qualifies for trigger point injections as she continues to have chronic pain, in spite of conservative care. Physical examination also reveals trigger points with hyperirritable foci located in palpable taut bands in the levator scapula, trapezius and rhomboid muscles producing local twitch responses to compression with referred pain to posterior scapula and neck. In prior report dated 08/27/15, the treater states that trigger points with hyperirritable foci are located in

palpable taut bands in the paravertebral muscles with twitch response to compression. As per Request for Authorization form dated 10/22/15, the request is for three sessions of trigger point injections. The Utilization Review has approved the first session and has denied the second and the third sessions. The current request is for session 2. MTUS, however, allows for repeat sessions only with documentation of a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Session 2 of trigger point injections can only be approved after session 1 injections have been successful. Hence, the request IS NOT medically necessary.

Trigger point injections to neck and shoulder, Session 3 Qty: 4: 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 49 year old patient presents with residual right shoulder distal clavicle excision, acromioplasty and bursectomy on 08/17/12; post-operative arthrofibrosis with painful restriction of range of motion; severe myofascial pain syndrome in right scapula, cervical and pectoral muscles; cervical muscle spasm with limited range of motion; chronic headaches with migraine qualities; radiating paraesthesia along distribution of the right brachial plexus; sleep impairment due to chronic pain; mood impairment due to chronic pain; and sensitivity to Vicodin, Tramadol and Lyrica causing nocturnal dyspnea and excessive sedation; as per progress report dated 10/22/15. The request is for TRIGGER POINT INJECTIONS TO NECK AND SHOULDER, SESSION 3 QTY: 4. The RFA for this case is dated 10/22/15, and the patient's date of injury is 12/14/11. Medications, as per progress report dated 10/22/15, included Pennsaid Diclofenac topical solution, and Omeprazole. The MTUS Guidelines, on page 122 and Trigger Point Injections section, state that 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. In this case, a request for trigger point injections to reduce severity of her pain is noted in progress report dated 10/22/15. As per the report, the prior trigger point injections significantly reduced pain by over 50% and increased her activities of daily living. The treater also states that the trigger points have not been injected in the past year. The treater further explains that the patient qualifies for trigger point injections as she continues to have chronic pain, in spite of conservative care. Physical examination also reveals trigger points with hyperirritable foci located in palpable taut bands in the levator scapula, trapezius and rhomboid

muscles producing local twitch responses to compression with referred pain to posterior scapula and neck. In prior report dated 08/27/15, the treater states that trigger points with hyperirritable foci are located in palpable taut bands in the paravertebral muscles with twitch response to compression. As per Request for Authorization form dated 10/22/15, the request is for three sessions of trigger point injections. The Utilization Review has approved the first session and has denied the second and the third sessions. The current request is for session 3. MTUS, however, allows for repeat sessions only with documentation of a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Session 3 of trigger point injections can only be approved after session 1 and 2 injections have been successful. Hence, the request IS NOT medically necessary.