

<b>Case Number:</b>	CM15-0217065		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 66 year old female, who sustained an industrial injury on 6-29-10. The injured worker is diagnosed with headaches, chronic migraine, cervical and right shoulder myofascial pain syndrome, left rotator cuff tear with impingement, acromioclavicular joint arthritis and chronic pain. A note dated 10-19-15 reveals the injured worker presented with complaints of headaches and chronic migraines, neck pain and bilateral shoulder pain. Physical examinations dated 7-27-15, 8-31-15, 10-5-15 and 10-19-15 revealed passive range of motion or pressure on her cervical facets caused occipital headaches. Trigger points with hyperirritable foci were located in palpable tight bands in the levator scapula; trapezius and rhomboid muscles produced decreased local twitch responses to compression and referred pain to the posterior scapula and neck. There is decreased range of motion in the shoulders bilaterally. Per note dated, 10-19-15 medications reduce her pain by over 50% and allows her to engage in activities of daily living (out of bed for 8 hours, walk 3 blocks, sit for 30 minutes, stand in 15 minute segments for 2 hours and participate in community activities 4 hours). The note also stated that the trigger point injection relieved neck and shoulder pain by 50% for 6 weeks and increased her ability to engage in activities of daily living (household activities and shop), improved range of motion and ability to engage in home exercise program. The injured worker is engaged in psychotherapy. Diagnostic studies include left shoulder MRI (2011). A request for authorization dated 10-19-15 for shoulder trigger point injections times 12 (4 injections per session-1 session every 6-8 weeks 3 sessions) is denied, per Utilization Review letter dated 10- 30-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder trigger point injections x12 (4 injections per session, 1 session every 6-8 weeks, 3 sessions):** Overturned

**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 patient was injured on 06/29/10 and presents with neck pain and shoulder pain. The request is for SHOULDER TRIGGER POINT INJECTIONS X12 (4 INJECTIONS PER SESSION, 1 SESSION EVERY 6-8 WEEKS, 3 SESSIONS). The utilization review denial rationale is that there was "no twitch response on exam." The RFA is dated 10/19/15 and the patient's current work status is not provided. The patient has had prior trigger point injections on 06/19/15, 07/30/15, and 09/14/15. 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." The patient has myofascial pain syndrome of her right shoulder, rotator cuff tear with impingement and acromioclavicular joint arthritis of the left shoulder, and myofascial pain syndrome of the neck with reduced range of motion and facetogenic pain with radiating paresthesias to the arms. She is diagnosed with headaches, chronic migraine, cervical and right shoulder myofascial pain syndrome, left rotator cuff tear with impingement, acromioclavicular joint arthritis and chronic pain. The 10/19/15 treatment report states that the 09/14/15 trigger point injections to the left neck and shoulder muscles "reduced her pain by over 50% and increased her activities of daily living significantly" shoulder range of motion increased and sleep was easier to perform and an independent exercise program was easier to perform, and as symptoms lasted more than six weeks, they will be requested again." This report continues to indicate that the patient has documentation of circumscribed trigger points with evidence upon palpation of a twitch response. Given the documentation of trigger points and twitch response, and efficacy of prior injections, the request appears reasonable and IS medically necessary.