

Case Number:	CM15-0225686		
Date Assigned:	11/24/2015	Date of Injury:	08/29/2005
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/17/2015

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 74 year old female, who sustained an industrial injury on August 29, 2005. She reported a pop in her left shoulder. The injured worker was currently diagnosed as having chronic left shoulder pain status post surgery, ACJ DJD status post Mumford procedure with impairment, left shoulder impingement with postop impingement, RTC tear of the left shoulder, right shoulder RTC tear, right shoulder RTC tendonosis and myalgia-myofascial pain. Treatment to date has included diagnostic studies, surgery, medication, home exercise, heating pad and Transcutaneous Electrical Nerve Stimulation (TENS) unit. On October 7, 2015, the injured worker complained of bilateral shoulder pain, right greater than left with radiation down the bilateral upper extremities. Her pain was described as intermittent, burning and sharp to dull. She reported left shoulder pain rated 5 on a 1-10 pain scale with radiation to the upper back and neck area. Physical examination of the left shoulder revealed tenderness and a positive impingement sign. Physical examination of the right shoulder revealed tenderness, positive impingement sign, positive Yergason and positive O'Brien. The treatment plan included trigger point injection, Naproxen, Omeprazole, Lidopro cream, EMG-NCV, steroid injection right shoulder, recommendation for right shoulder surgery, home exercise, heating pad, TENS unit and physical therapy. On October 23, 2015, utilization review denied a request for trigger point injections (retrospective-given on 10-07-2015). Unclear if trigger point injection was given to bilateral cervical or shoulder times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections (Retro, Given 10-7-15. Unclear if TPI was Given to Bilateral Cervical or Shoulder x's 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: 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 10/7/15 demonstrate no evidence of myofascial pain syndrome. The documented physical examination does not show 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. Therefore the trigger point injection is not medically necessary and the determination is for non-certification.