

Case Number:	CM15-0040009		
Date Assigned:	03/10/2015	Date of Injury:	04/14/2014
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62 year old male, who sustained an industrial injury on 04/14/2014. He has reported subsequent neck, back and shoulder pain and was diagnosed with cervical, thoracic and right shoulder strain/sprain with rotator cuff tendinosis. Treatment to date has included oral pain medication, chiropractic therapy, application of heat and cold, massage and a home exercise program. In a progress note dated 02/03/2015, the injured worker complained of continued neck and right shoulder pain. Objective findings were notable for tenderness to palpation of the cervical spine with spasm, tenderness to palpation of the right shoulder with crepitus and positive impingement sign. The physician noted that right periscapular trigger point injections would be requested due to impingement symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right preiscapular trigger point injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 122.

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) Pain section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right periscapular trigger point injection under ultrasound guidance is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three - four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. Ultrasound guidance is not recommended for the diagnosis of low back conditions. In uncomplicated low back pain, its use would be experimental at best. There is no published peer-reviewed literature to support the use of diagnostic ultrasound in the evaluation of patients with back pain or radicular symptoms. Conventional anatomical guidance by an experienced clinician is generally adequate. In this case, the injured worker's working diagnoses (illegible) are cervical spine sprain/strain; Thoracic spine sprain/strain; right shoulder sprain/strain; unable to read last diagnosis. Subjectively, the documentation is largely illegible but states, in part, right shoulder pain overall improvement. Objectively, the documentation is illegible. Under treatment plan, the treating physician states proceed with periscapular trigger point injection under ultrasound for patient's impingement symptoms. Ultrasound guidance for trigger point injection in the periscapular region is not medically necessary. Conventional anatomical guidance is generally adequate. There are no legible compelling clinical indications for ultrasound guidance. Additionally, the objective section of the February 3, 2015 progress note is illegible. There was no documentation of a circumscribed trigger point with evidence upon palpation of a twitch response. Consequently, absent clinical documentation with a circumscribed trigger point with evidence of palpation of a twitch response and a compelling clinical indication for ultrasound guidance, right periscapular trigger point injection under ultrasound guidance is not medically necessary.