

Case Number:	CM15-0045812		
Date Assigned:	03/18/2015	Date of Injury:	11/22/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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 33-year-old female, who sustained an industrial injury on 11/22/13. The injured worker has complaints of constant dull left trapezius pain with shooting pain to left mid scapula area and to neck/arm. She is having spasm with decrease range of motion, normal neuro tests and 40% decrease left grasping strength. The diagnoses have included left trapeziocervical sprain/strain with radicular features. The injured worker has received acupuncture and physical therapy. The 2/19/15 documentation noted that she is waiting to receive Saunders cervical traction as outpatient. Request for follow up for pain management for exploration of trigger point injections, facet blocks, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with Pain Management physician for exploration of trigger point injection to the cervical spine per 02/19/15 Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The injured worker is being treated for posterior shoulder pain described as sharp and dull without radiation, diagnosed as a shoulder sprain. Physical examination of the left shoulder is notable for full range of motion and no weakness. There was mild discomfort with rotator cuff impingement maneuvers. Records indicate slow improvement with interventions such as acupuncture, physical therapy and pain medications. Request is being made for referral for trigger point injections and cervical facet blocks. MTUS guidelines indicates that criteria for trigger point injections require documentation of circumscribed trigger points upon palpation with evidence of the twitch response as well as referred pain. Records do not support such findings. Request for trigger point injection evaluation is therefore not medically necessary, as the patient does not meet criteria for having trigger points to be injected.

Trigger point injection, cervical spine per 02/19/15 Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The injured worker is being treated for posterior shoulder pain described as sharp and dull without radiation, diagnosed as shoulder sprain. Physical examination of the left shoulder is notable for full range of motion and no weakness. There was mild discomfort with rotator cuff impingement. Records indicate slow improvement with interventions such as acupuncture, physical therapy and pain medications. Request is being made for referral for trigger point injections and cervical facet blocks. MTUS guidelines indicates criteria for trigger point injections require documentation of circumscribed trigger points with evidence upon palpation of the twitch response as well as referred pain. Records do not support such findings. Request for trigger point injection is therefore not medically necessary.

Facet blocks, cervical spine per 02/19/15 Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks.

Decision rationale: The injured worker is being treated for posterior shoulder pain described as sharp and dull without radiation, diagnosed as shoulder sprain. Physical examination of the left shoulder is notable for full range of motion and no weakness. There was mild discomfort with rotator cuff impingement. Records indicate slow improvement with interventions such as acupuncture, physical therapy and pain medications. Request is being made for referral for

trigger point injections and cervical facet blocks. ODG guidelines indicate that among the criteria for diagnostic blocks for facet nerve pain include axial neck pain, tenderness to palpation in the paracervical areas, decreased cervical range of motion and absence of neurologic findings. In the case of this injured worker, there is inadequate documentation to support axial neck pain whereas in fact the primary complaint is shoulder pain. The request is therefore not medically necessary.