

Case Number:	CM15-0051578		
Date Assigned:	03/25/2015	Date of Injury:	02/27/2013
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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: Preventive Medicine, Occupational 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 28 year old female, who sustained an industrial injury on February 27, 2013. The injured worker had reported right shoulder pain and low back pain. The diagnoses have included myofascial pain syndrome, right shoulder impingement, right rotator cuff syndrome, chronic lumbar strain and right lumbosacral radiculopathy. Treatment to date has included medications, radiological studies, physical therapy, injections, acupuncture treatments and right shoulder surgery. Current documentation dated February 4, 2015 notes that the injured worker continued to have lumbar spine pain with radiation to the lower extremities with associated numbness and tingling. Physical examination of the lumbar spine revealed tenderness and trigger points of the paraspinal muscles. Right shoulder exam revealed a positive impingement sign. The treating physician's plan of care included a request for trigger point injections to the paraspinal muscles under ultrasound guidance times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection, Lumbar, paraspinal muscles under ultrasound guidance, Qty 4:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. The patient is complaining of radicular pain, and the trigger points are not well documented. Trigger Point Injection, Lumbar, paraspinal muscles under ultrasound guidance, Qty 4 are not medically necessary.