

Case Number:	CM15-0082423		
Date Assigned:	05/04/2015	Date of Injury:	11/13/2007
Decision Date:	06/03/2015	UR Denial Date:	04/19/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old female, who sustained an industrial injury on 11/13/2007. Diagnoses include cervical degenerative disc disease, cervical radiculopathy, right shoulder adhesive capsulitis, right shoulder pain, magnetic resonance imaging (MRI) findings of right shoulder rotator cuff tear and right wrist and hand pain. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing and medications. Per the only submitted Primary Treating Physician's Progress Report dated 01/22/2015, the injured worker reported persistent right shoulder pain rated as 8/10. Physical examination revealed right shoulder decreased range of motion with protective guarding. She has painful resisted internal and external rotation with positive Neer's and Hawkin's tests. The plan of care included an orthopedic consultation. Authorization was requested for trigger point injections x 4-6 for the neck and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 4-6 neck/right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: The claimant sustained a work injury in November 2007 and continues to be treated for neck and right shoulder pain. When seen, pain was rated at 10/10. There was cervical paraspinal tenderness. She had abnormal right upper extremity sensation. There was tenderness over the right wrist and thumb. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented. Therefore, the request for trigger point injections was not medically necessary.