

Case Number:	CM15-0082925		
Date Assigned:	05/05/2015	Date of Injury:	01/31/2013
Decision Date:	06/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/30/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 65 year old male, who sustained an industrial injury on 01/31/2013. He has reported subsequent left shoulder and right knee pain and was diagnosed with chronic progressive left shoulder subacromial impingement syndrome, left shoulder rotator cuff tendonitis, left acromioclavicular degenerative arthritis, right knee bursitis and myofascial pain syndrome. Treatment to date has included oral pain medication, shoulder cortisone injection, trigger point injection, acupuncture and physical therapy. In a progress note dated 04/20/2015, the injured worker complained of left shoulder, lumbosacral spinal, right ankle and right knee pain. Objective findings were notable for decreased sensation of the buttocks, palpable trigger points of the bilateral lumbar paraspinal muscles, decreased range of motion of the back, decreased left shoulder strength and right ankle/knee tenderness. A request for authorization of bilateral lumbar spinal trigger point injections was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral LS Trigger Point Injections Using 5 CC 1 Percent Lidocaine 40 MG Kenalog x 4:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation officialdisability guidelines - low back, trigger point injections.

Decision rationale: The medical records do report the presence of trigger points with demonstrated twitch response. ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection 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. As the medical records do demonstrate trigger points on exam not responsive to other conservative treatment, ODG guidelines support trigger point injections in this case.