MAXIMUS Federal Services

Case Number:	CM15-0086941		
Date Assigned:	05/13/2015	Date of Injury:	04/13/2011
Decision Date:	07/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/06/2015

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, 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 52 year old female, who sustained an industrial injury on 04/13/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having shoulder joint and neck pain, right supraspinatus tendon partial labral tear, and moderate right subdeltoid and subacromial bursitis. Treatment and diagnostic studies to date has included trigger point injections of an unknown quantity, medication regimen, at least twelve sessions of physical therapy, status post right shoulder surgery, home exercise program, and acupuncture. In a progress note dated 03/25/2015 the treating physician reports complaints of an increase in pain to the right neck muscles including the trapezius muscles radiating to the lateral shoulder. The injured worker's current pain level is a 5 to 6 out of 10. The treating physician noted that the injured worker has received prior trigger point injections with an unknown quantity that provided greater than 50% improvement and lasted for greater than three months. The treating physician requested trigger point injections (not otherwise specified) for right cervical muscle groups to be performed in the office to relieve pain, inflammation, guarding, and increase range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TPI(s) (not otherwise specified) for cervical muscle groups right side to be done in office:
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 Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. The CPMTG provides this definition: "A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band." Within the documentation available for review, there are physical examination findings consistent with trigger points. The main issue in this original request was the lack of specificity with respect to the number of injections. The utilization reviewer had modified the TPI to allow 3-4 injections, which could include steroid in the injectate or not. This modification is in accordance with the CPMTG, which specifically recommend no more than 3-4 injection in one session. The original request is not medically necessary/appropriate.