

<b>Case Number:</b>	CM15-0089490		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/15/2005
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 47 year old female, who sustained an industrial injury on 8/15/2005. The medical records submitted for this review did not include the details regarding the initial injury or the prior treatments to date. Diagnoses include right De-Quervain's syndrome, right carpal tunnel syndrome, right Z foot deformity, reconstruction of posterior tibial tendon and status post tendon lengthening, right shoulder adhesive capsulitis, and tendinitis. She is status post right ankle surgery and bone graft 1/31/2012. Currently, she complained of persistent pain in the right shoulder, right foot and ankle associated with muscle spasms and tightness in the shoulder region. On 3/21/15, the physical examination documented an antalgic right sided gait, tenderness in the right ankle with swelling of the joint. Trigger point were noted with palpation to right supraspinatus, levator scapulae, and cervical paraspinal muscles with twitch responses noted. The right shoulder revealed reduced abduction and flexion motion. The plan of care included trigger point injections to the right shoulder region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection to the 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 Page(s): 122.

**Decision rationale:** The MTUS Guidelines support the use of trigger point injections with numbing medications for the treatment of myofascial pain syndromes. Injection with steroids or other medications is not recommended. Myofascial pain syndromes include regionally painful muscles with associated trigger points. Under specific circumstances, this treatment may be helpful in treating chronic regional pain syndrome (CRPS). Trigger point injections have not been shown to be helpful in treating other conditions such as fibromyalgia, radiculopathy, or routine back or neck pain. Criteria required to demonstrate medical necessity include detailed documentation of true trigger points on examination; on-going symptoms for at least three months; symptoms have not improved with non-invasive treatments, such as stretching and therapeutic exercises and medication to decrease swelling; examination, imaging, and neurologic studies have not shown radiculopathy; and no more than three injections per session should be done. Repeated trigger point injections should only be done if prior injections caused improved function and at least a 50% reduction in symptoms for at least six weeks and prior injections were done at least two months ago. The submitted and reviewed documentation indicated the worker was experiencing right foot, ankle, and shoulder pain with spasms. The documented examination did not include findings suggesting the presence of trigger points, and there was no suggestion that the worker had myofascial pain syndrome or chronic regional pain syndrome. In the absence of such evidence, the current request for a trigger point injection of an unspecified medication to the right shoulder is not medically necessary.