

Case Number:	CM14-0009468		
Date Assigned:	02/14/2014	Date of Injury:	04/04/2012
Decision Date:	05/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old female who reported an injury on 04/04/2012. The injury reportedly occurred when her right arm became caught in a machine at work. Her diagnoses include shoulder pain, muscle weakness, rotator cuff sprain, and shoulder impingement/bursitis. A request was made for trigger point injection for right levator scapula under ultrasound guidance on an unknown date. A 12/04/2013 clinical note indicated that the injured worker's symptoms included left shoulder pain, as well as radiating pain and numbness into her left arm. Her physical examination findings include tenderness to palpation of the right-sided cervical paraspinal muscles, the trapezius, and the midline; with palpable spasm in the par cervical and trapezius muscles. Her motor strength was noted to be decreased to 4/5 in the right deltoid. It was noted that the injured worker was to undergo left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION FOR RIGHT LEVATOR SCAPULA UNDER ULTRASOUND GUIDANCE: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, trigger point injections may be recommended for patients with myofascial pain syndrome, when documentation shows circumscribed trigger points with evidence upon palpation of a twitch response and referred pain; the symptoms have persisted for more than 3 months; medication management therapy sessions, ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control the pain; radiculopathy is not present; and no more than 3 to 4 injections are given. The clinical information submitted for review failed to provide details regarding the request, including the date the request was submitted, and the reason/rationale for the requested service. In addition, the request failed to indicate the number of injections being requested. Further, the injured worker's documentation failed to show evidence of physical examination findings of a twitch response and referred pain with palpation. In the absence of these details, the request is not supported. As such, the request is not medically necessary.