

<b>Case Number:</b>	CM14-0120141		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 42-year-old female with a 3/1/12 date of injury. At the time (7/2/14) of request for authorization for Trigger Point Injection, Left Trapezius; Left Shoulder Myofascial #3, there is documentation of subjective (moderate to severe ongoing left shoulder pain) and objective (restricted left shoulder range of motion with positive impingement signs, tenderness to palpation in the left biceps groove, greater tubercle of left humerus, and left subdeltoid bursa; and decreased sensation in the thumb and middle finger on the left side) findings, current diagnoses (left shoulder rotator cuff tear and AC joint degenerative joint disease, myofascial pain at left shoulder/superior trapezius, and lateral epicondylitis), and treatment to date (physical therapy, medications, and steroid injections). There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; and that radiculopathy is not present (by exam).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection, Left Trapezius; Left Shoulder Myofascial #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): Page 122.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of left shoulder rotator cuff tear and AC joint degenerative joint disease, myofascial pain at left shoulder/superior trapezius, and lateral epicondylitis. In addition, there is documentation of myofascial pain syndrome; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and no more than 3-4 injections per session. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, given documentation of objective findings (decreased sensation in the thumb and middle finger on the left side), there is no documentation that radiculopathy is not present (by exam). Therefore, based on guidelines and a review of the evidence, the request for Trigger Point Injection, Left Trapezius; Left Shoulder Myofascial #3 is not medically necessary.