MAXIMUS Federal Services

Case Number:	CM14-0155054		
Date Assigned:	09/25/2014	Date of Injury:	02/22/2006
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Medicine 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:

This is a 46-year-old male with a 02/22/2006 date of injury. A specific mechanism of injury was not described. 8/28/14 determination included a request for a left subacromial injection with ultrasound guidance for the left shoulder. The determination was non-certified given that an MRI showed evidence of a degree of tendinosis of the supraspinatus with prior acromioclavicular decompression. It was reported that a prior injection provided 4 weeks of relief of symptoms, the patient has surgery on the left shoulder in November 2007, and there was no discussion regarding the benefit of the trigger point injections. However, no determination was provided addressing specifically a request for trigger point injections. It was noted that the patient had the injection in 3/10/14 and 8/19/14. 8/19/14 progress report by [redacted], and [redacted] identified neck and shoulder pain the left greater than the right side. The patient admitted to increasing shoulder and neck pain interfering with her activities of daily living. It was noted that a previous subacromial injection provided 70-80% pain relief for approximately 4 weeks. Exam revealed palpable twitch positive trigger points in the muscles of the hand and neck, specifically. There was decreased range of motion with pain. A request was made for a left subacromial bursa injection with ultrasound guidance due to failure of conservative therapies and about 70% pain relief with the previous subacromial injection. Trigger point injections were performed at the time of the office visit for a total of 5 sites, located at the right paracervical musculature, left trapezius, left supraspinatus, left levator scapulae, and left infraspinatus. It was noted that myofascial release was utilized before and after the trigger point injection to elicit a twitch response in the muscle, facilitate an increase in active pain-free range of motion, increase extensibility of myofascial tissue and facilitate the return to functional activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: CA MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. The patient had trigger point injections performed in March 2014 and there was no documentation of any benefit from these injections, specifically percentage of pain relief and documentation of improved function. In addition, while there were trigger points on the most recent exam, the sites injected exceeded CA MTUS recommendations of a maximum of 3-4 sites. Furthermore, there was no indication if there were additional physical medicine modalities performed previously. Therefore, the request for Trigger Point Injections is not medically necessary and appropriate.