

Case Number:	CM14-0180567		
Date Assigned:	11/05/2014	Date of Injury:	11/15/2006
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53-year old male with an injury date of 11/15/06. Based on the 10/03/14 progress report provided by [REDACTED] the patient complains of aching, sharp, and cramping pain in the left shoulder. There is burning pain and numbness down the medial aspect of the left arm when he raised the left arm above the shoulder height. His neck and shoulder pain increase with lifting, stress, sneezing, and raising the left arm above the head. His pain level is at 8 out of 10. The patient has tender points elicited in the left trapezius and left levator scapula. The left shoulder active range of motion is at 95 degrees abduction and forward extension at 135 degrees. The passive ROM was limited to 115 degrees abduction and 160 degrees forward extension. There is increased tenderness at end of range of motion. The patient had multiple surgeries in the past, lumbar laminectomy in 2000, and septoplasty and left shoulder arthroscopy in 2007, and left partial scapula resection in 2008. The current medications are Topamax, Fioricet, Flexeril, and Gabapentin. His diagnosis includes the following: 1. Cervicalgia 2. Cervical Degenerative Disc Disease 3. Left shoulder Impingement 4. Post-Laminectomy low back pain 5. Chronic Headache 6. Depression 7. PTSD [REDACTED] is requesting for 2 trigger point injections on left shoulder. The utilization review determination being challenged is dated 10/22/14. [REDACTED] is the requesting provider, and he provided treatment reports from 06/11/14-10/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections Left Shoulder x2: 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: This patient presents with aching, sharp, and cramping pain in the left shoulder. The request is for 2 trigger point injections on left shoulder. The utilization review letter states the reason to denied request is the analgesic and functional response to prior left shoulder trigger point injections were not documented. There is no recorded circumscribed trigger point with twitch response and referred pain to support this request per MTUS. The 06/11/14 report documents that the patient has been inserted into the trigger points in the left trapezius (2) and left levator scapula (2). Patient had good relief of pain and spasm in the neck and left upper shoulder after the injections. There were no complications. MTUS under its chronic pain section states, "no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. In this case, the patient had a prior trigger point injection on 6/11/14. Subsequent reports do not report 50% or more reduction of pain following the injections. The treater has been asking for repeat injections since 07/10/14 report but the examination does not document "trigger points" as defined by MTUS. Therefore, Trigger Point Injections Left Shoulder x2 is not medically necessary.