

Case Number:	CM14-0070938		
Date Assigned:	07/14/2014	Date of Injury:	07/08/2001
Decision Date:	12/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 54 year old with an injury date on 7/8/01. Patient complains of right arm and right leg pain rated 6-7/10 per 4/28/14 report. Patient continues to take Norco sparingly on PRN basis which helps with severe pain per 4/28/14 report. Based on the 4/28/14 progress report provided by the treating physician, the diagnoses are: 1. chronic pain syndrome, 2. pain in joint shoulder, 3. UNS myalgia/myositis, 4. spasm of muscle, 5. pain in joint upper arm, 6. pain in joint lower leg, 7. multiple myeloma without remission (since 2001). Exam on 4/28/14 showed "right shoulder atrophy, severely limited range of motion of shoulder in abduction/flexion. Right shoulder region palpable muscle tightness" Patient's treatment history includes right shoulder replacement surgery (bone transplant), medication, acupuncture. The treating physician is requesting trigger point injections, right arm. The utilization review determination being challenged is dated 5/6/14. The requesting physician provided a single treatment report from 4/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: Right Arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-197, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with right arm and right leg pain. The treater has asked for TRIGGER POINT INJECTIONS, RIGHT ARM on 4/28/14. Review of the reports do not show any evidence of trigger point injections being done in the past. Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. MTUS also requires "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." For fibromyalgia syndrome, trigger point injections have not been proven effective. While this patient presents with right arm and right leg pain, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. Recommendation is for denial.