

Case Number:	CM14-0092842		
Date Assigned:	09/12/2014	Date of Injury:	08/18/2010
Decision Date:	10/16/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/18/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old gentleman was reportedly injured on August 18, 2010. The mechanism of injury is noted as repetitive work. The most recent progress note, dated April 21, 2014, is hand written and difficult to read, it indicates that there are ongoing complaints of pain in the left trapezius and the lower back with numbness in the feet. The physical examination demonstrated a right shoulder impingement and decreased range of motion of the lumbar spine. There was a positive straight leg raise test and a negative Spurling's test. There was decreased sensation in the bilateral feet and normal strength and reflexes of the bilateral lower extremities. A subsequent typewritten appeal by the same physician dated May 2, 2014, does not address trigger point injections. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right shoulder arthroscopy, physical therapy, activity modification, trigger point injections, a thumb arthroplasty, epidural steroid injections, and oral medications. A request had been made for trigger point injections for the bilateral trapezius and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Bilateral Traps X4: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Trigger Point Injections Page(s):.

Decision rationale: The California MTUS Treatment Guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted for more than 3 months and failure to respond to conservative medical management therapies. The most recent progress note dated April 21, 2014, which also recommends trigger point injections, does not identify these criteria. Additionally, it is unclear if this request is for four injections or four sessions. For these reasons, this request for trigger point injections for the bilateral trapezius is not medically necessary.