

Case Number:	CM14-0145453		
Date Assigned:	09/12/2014	Date of Injury:	10/31/2013
Decision Date:	05/01/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 61-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 31, 2013. In a Utilization Review Report dated August 6, 2014, the claims administrator failed to approve a trigger point injection apparently performed on June 6, 2014. The claims administrator stated that the attending provider had failed to document whether or not previous trigger point injections had or had not generated a favorable response. The applicant's attorney subsequently appealed. In a progress note dated July 5, 2014, the applicant reported ongoing complaints of neck, shoulder, and hip pain. The applicant was given various diagnoses, including shoulder impingement syndrome, elbow epicondylitis, ankle sprain, hip contusion, and lumbar disk herniation. A trigger point injection was apparently performed under ultrasound guidance while Flexeril was renewed. It was suggested that the applicant was working, with the exception of the injection date. The applicant was apparently kept off of work on the date of the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right upper trapezius levator scapulae trigger point injection under ultrasound guidance:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: No, the trigger point injection was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the criteria for pursuit of trigger point injections is evidence that medical management therapy such as stretching exercise, physical therapy, NSAIDs, and/or muscle relaxants had failed to control an applicant's pain. Here, the attending provider did not clearly establish the failure of medical management therapy. Rather, all information on file pointed to the applicant's responding favorably to introduction of oral pharmaceuticals, including oral muscle relaxants such as Flexeril. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that trigger point injections are recommended only for myofascial pain syndromes, with limited lasting value. Here, however, the attending provider gave the applicant specific diagnoses of hip impingement syndrome, shoulder impingement syndrome, elbow epicondylitis, etc., in his list of diagnoses. It did not appear, thus, that myofascial syndrome was in fact the primary operating diagnosis. Therefore, the request was not medically necessary.