

Case Number:	CM14-0211072		
Date Assigned:	12/23/2014	Date of Injury:	04/07/2012
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 51 year old female with an injury date on 4/7/12. The patient complains of continued neck pain and left shoulder pain per 10/8/14 report. The patient is doing a home exercise program and is currently working full duty with no modifications per 10/8/14 report. The patient completed 32 days of her functional restoration program and weakness off her Tramadol, Cyclobenzaprine, and Gabapentin, but remains on Elvail on PRN basis and uses Lidoderm patches per 10/8/14 report. Based on the 10/8/14 progress report provided by the treating physician, the diagnoses are: 1. left shoulder pain 2. predominantly right sided lower back pain 3. positive straight leg raise on the right 4. decreased range of motion left shoulder with abnormal sensory findings in nondermatomal distribution involving C5, C6, and C7 5. weakness of the left upper extremity and right lower extremity relative to opposite limbs 6. myofascial pain 7. sleep disorder 8. mild to moderate depression NOS following industrial injury A physical exam on 10/8/14 showed " C-spine range of motion is decreased by 50% on extension. Left shoulder range of motion is impaired, unchanged from last visit. Straight leg raise positive on the right." Moderate to severe spasm in bilateral trapezia and rhomboids, left > right, and moderate spasm in her lumbar paraspinals bilateral including quadratus lumborum per 5/22/14 report. The patient's treatment history includes medications, back bracing, functional restoration program. The treating physician is requesting trigger point injection left trapezius legator scapulae and rhomboid. The utilization review determination being challenged is dated 11/24/14. The requesting physician provided treatment reports from 5/8/14 to 10/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point injection, left trapezius, Levator Scarpulse and Rhomboid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-7, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with neck pain, left shoulder pain. The treater has asked for trigger point injection left trapezius legator scapulae and rhomboid but the requesting progress report is not included in the provided documentation. 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. In this case, patient does present with myofascial pain. The physical examination, however, does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. Recommendation is for denial.