

Case Number:	CM14-0214994		
Date Assigned:	01/07/2015	Date of Injury:	10/07/2013
Decision Date:	02/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker (IW) is a 53-year-old man with a date of injury of October 7, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are pain in the joint involving shoulder region; left shoulder status post surgery; right shoulder pain (compensatory); cervical degenerative disc disease; sleep issues; and myofascial pain. The IW is status post left shoulder surgery on April 25, 2014. Prior treatments have included 32 sessions of physical therapy and acupuncture sessions. The PT is according to the UR documentation. Pursuant to the progress report dated October 31, 2014, the IW complains of neck pain that radiates to the upper extremities with numbness and weakness. There were no specific complaints referable to the shoulders. There is also left wrist pain and occasional headaches. On examination, the left shoulder range of motion was mildly decreased. There was tenderness to palpation over the lateral aspect of the left wrist. There was positive hypertonicity of the left trapezius. A physical examination of the right shoulder was not performed. The IW was educated on sleep hygiene, home exercise program and TENS unit. He was instructed to continue Gabapentin, Fenoprofen, and Omeprazole. The treating physician indicates he will request trigger point injection (TPI) today (10/31/14). It appears that the TPI were performed during the office visit. The documentation states, "release upon injection". The current request is for a retro trigger point injection to the bilateral shoulders 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Trigger Point Injection to the bilateral shoulders 10/31/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Trigger point Injections

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the criteria for use of trigger point injections include, but are not limited to, documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain: symptoms more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, nonsteroidal anti-inflammatory's and muscle relaxants have failed; radiculopathy is not present (by exam, imaging or electrodiagnostic testing); no repeat injections unless greater than 50% pain relief with reduced medication is obtained for six weeks after injection with documentation of objective functional improvement; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are pain in the joint involving shoulder region; left shoulder status post surgery; right shoulder pain (compensatory); cervical degenerative disc disease; sleep issues; and myofascial pain. A progress note dated October 31, 2014 indicated the injured worker had neck pain that radiated to the upper extremities with numbness and weakness. There were no specific complaints referable to the shoulders bilaterally. Physical examination of the left shoulder showed a mild decrease in range of motion. There were no other physical findings noted. There was no physical examination of the right shoulder. Documentation did not show evidence of circumscribed trigger points with evidence upon palpation of a twitch response. Consequently, absent clinical documentation with appropriate physical examination of the shoulders bilaterally and the absence of a twitch response, retroactive trigger point injections the bilateral shoulders date of service October 31, 2014 is not medically necessary.