

Case Number:	CM15-0013608		
Date Assigned:	02/02/2015	Date of Injury:	05/31/2005
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 51 year old female, who sustained an industrial injury on May 31, 2005. The diagnoses have included discogenic cervical condition, impingement syndrome of the shoulder on the right, carpal tunnel syndrome, bilaterally status post decompression, discogenic lumbar condition, ankle sprain treated conservatively and chronic pain syndrome. Treatment to date has included Magnetic resonance imaging of shoulder revealing partial tear of the rotator cuff, unknown the date, injections, physical therapy and conservative care. Currently, the injured worker complains of neck, left shoulder, low back, both hands, elbows, left ankle and possibly left hip. Complaints of severe pain along the neck and shoulders, difficulty with fine motor skills, gripping and grasping, pain across the low back as well as the lower extremities, occasional shooting pain with numbness and tingling. In a progress note dated November 21, 2014, the treating provider reports tenderness across the cervical paraspinal muscles, trapezius and shoulder girdle, pain along left shoulder, rotator cuff and biceps tendon, tenderness across lumbar paraspinal muscles and pain along facets and pain with facet loading. On December 24, 2014 Utilization Review non-certified a bilateral trigger point injections, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro bilateral trigger point injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), Trigger point injections (TPIs)

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic widespread pain. The requesting provider documents multilevel paraspinal muscle tenderness. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore trigger point injections are not medically necessary.