

Case Number:	CM15-0017278		
Date Assigned:	02/05/2015	Date of Injury:	06/11/2012
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 06/11/2012. On provider visit dated 01/15/2015 the injured worker has reported right shoulder pain. On examination he was noted to have pain to palpation at right rotator cuff muscles, biceps tendon, right lateral epicondyle and trigger points palpated along the right XC7, levator scapula and middle trapezius. The diagnoses have included shoulder strain. Treatment to date has included lateral epicondyle injection. Treatment plan includes trigger point injection to the right C-7, levator scapula and middle trapezius. On Utilization Review non-certified trigger point injection to the right C-7, levator scapula and middle trapezius. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection to the right C-7, levator scapula and middle trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections.

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

Decision rationale: This patient presents with significant increase in this shoulder pain. The patient also complains of neck, right shoulder and right hand/elbow pain. The current request is for 1 TRIGGER POINT INJECTION TO THE RIGHT C-7, LEVATOR SCAPULA AND MIDDLE TRAPEZIUS. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger-point injections, "Recommended only for myofascial pain syndrome and limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persistent for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. The treating physician notes that the patient has trigger points palpated along the right C7, levator scapula and middle trapezius. However, there is no evidence of "twitch response" or taut bands as required by MTUS for trigger point injections. This request IS NOT medically necessary.