

<b>Case Number:</b>	CM15-0111562		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 56 year old female who sustained a repetitive industrial injury on 02/13/2013 as a sushi food preparer. The injured worker was diagnosed with chronic strain of the left shoulder, neck and upper extremity. The injured worker is status post left rotator cuff repair in July 2013. A recent left wrist, radial fracture with open reduction internal fixation on December 12, 2014 was not documented as industrial related. Treatment to date has included diagnostic testing, conservative measures, shoulder surgery, acupuncture therapy, physical therapy and medications. According to the primary treating physician's progress report on April 28, 2015, the injured worker continues to experience neck and left shoulder pain. The injured worker rates her pain level at 5/10 and up to 6-8/10 when working. Right cast from recent fracture was in place. Examination demonstrated normal cervical and shoulder range of motion. Tinel's and Phalen's were negative at the wrists bilaterally. There was pain on palpation noted in the anterior left shoulder, left lateral forearm, and right medial forearm, thumb and wrist. There was pain noted in the left neck with turning head to the right. Motor examination was intact with reduction in sensation in the C6 dermatome distribution on the left side. Bilateral upper extremity deep tendon reflexes were within normal limits. Current medications are listed as Norco, Ibuprofen, Tylenol, Flexeril and topical creams. Treatment plan consists of continuing with physical therapy, pain management for cervical facet injections or epidural steroid injection on the left and the current request for a retrospective trigger point injection times 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Trigger point injections (4 units): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections; Criteria for the use of Trigger point injections Page(s): 122.

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

**Decision rationale:** RETRO: Trigger point injections (4 units) are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain prior to trigger point injections. The documentation does not indicate evidence of these findings therefore this request is not medically necessary.