

Case Number:	CM15-0111690		
Date Assigned:	06/18/2015	Date of Injury:	05/28/2013
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic neck, shoulder, and hand pain reportedly associated with an industrial injury of March 28, 2013. In a Utilization Review report dated May 11, 2015, the claims administrator partially approved requests for multiple trigger point injections to trigger point injections to the right trapezius and levator scapulae musculature alone. A RFA form received on May 6, 2015 was referenced in the determination, along with a progress note dated May 5, 2015. The claims administrator noted that the applicant had undergone a right carpal tunnel release surgery on April 16, 2015. The applicant's attorney subsequently appealed. On June 1, 2015, the applicant reported ongoing complaints of right hand pain status post earlier carpal tunnel release surgery of April 16, 2015. The applicant had an unspecified injection on January 12, 2015, without improvement. The applicant was still having ongoing issues with neck and shoulder pain, it was reported. The note was very difficult to follow and mingled historical issues with current issues. Hyposensorium was noted about the right digits with 4+/5 thumb strength noted. Neurontin was endorsed. It was acknowledged that the applicant had "multifocal pain complaints". The applicant was still having issues with electric shooting pain. Neurontin was not helping for the same, it was acknowledged. On May 5, 2015, the applicant reported ongoing complaints of neck pain, right sided. The applicant did report residual issues with paresthesias about the right upper extremity but suggested that these symptoms had diminished to some extent following the carpal tunnel release surgery. Trigger point injection therapy was proposed. The applicant reported palpable taut bands at multiple muscular regions. The applicant was on Motrin for pain relief, it was

acknowledged. This particular treating provider suggested that the applicant had not previously had trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to Right Carpal Tunnel, Right Upper Trapezius and Levator Scapulae Muscles (Right Shoulder, Right Arm, Right Hand, Neck): 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 rationale: No, the request for trigger point injections to the carpal tunnel region, trapezius musculature, levator scapulae musculature, shoulder, arm, hand, and neck was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Here, however, the applicant's presentation was not, in fact, suggestive or consonant with the diagnosis of myofascial pain syndrome. As noted by one of the applicant's treating providers on April 22, 2015, the applicant had "multifocal pain problems". The applicant, moreover, continued to report issues with upper extremity paresthesias both on April 22, 2015 and on May 5, 2015. The applicant also had complaints of neck pain. It appeared, thus, that there was a radicular component to the applicant's pain complaints. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that trigger point injections are not recommended for radicular pain. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that one of the criterion for pursuit of trigger point injection therapy is evidence that medical management to include NSAIDs and muscle relaxants had failed to control pain. Here, there was no mention of the applicant having previously failed muscle relaxants on the May 5, 2015 progress note on which the trigger point injections were sought. Therefore, the request is not medically necessary.