

Case Number:	CM15-0116896		
Date Assigned:	06/24/2015	Date of Injury:	03/10/2014
Decision Date:	07/23/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/16/2015

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 27 year old male, who sustained an industrial injury on 03/10/2014. The injured worker reported right shoulder pain as a result of restocking batteries. On provider visit dated 04/21/2015 the injured worker has reported having neck and posterior shoulder issues. On examination of the cervical spine revealed tenderness to palpation to trigger points over his neck and posterior shoulders with muscle twitch point. The diagnoses have included cervical sprain, thoracic sprain and myofascial pain syndrome. The injured worker was noted to have received trigger point injections during visit. Treatment to date has included therapy, medication and injections. The provider requested Retro (DOS: 4.21.15) 4 trigger point injections, right shoulder & thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 4.21.15) 4 trigger point injections, right shoulder & thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise, not demonstrated here. There is no documented failure of conservative trials or previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, none described here. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Retro (DOS: 4.21.15) 4 trigger point injections, right shoulder & thoracic is not medically necessary and appropriate.