

Case Number:	CM15-0121709		
Date Assigned:	07/02/2015	Date of Injury:	08/01/2011
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 41 year old female, who sustained an industrial injury on 8/1/11. She reported right shin pain and pain in her shoulders, right greater than left. Treatment to date has included MRI, x-ray, physical therapy, modified activity, surgical intervention, medication, home exercise program, steroid injection, wrist braces, TENS unit, cervical traction and trigger point injections. Currently, the injured worker complains of increased pain rated at 6/10. The injured worker is diagnosed with post bilateral rotator cuff repair, cervical degenerative disc disease with radiculopathy, myofascial pain, shoulder sprain/strain, carpal tunnel syndrome (left wrist) and sensory changes in the right upper extremity. She is currently working full time. A note dated 2/22/12 states physical therapy was beneficial to the injured worker. A note dated 11/17/14 states the injured worker experienced efficacy from the steroid injection. It also notes 1/6/15 physical therapy was helpful and medication and rest improves the symptoms. In notes dated 4/2/15 and 4/20/15, 5/14/15 and 5/27/15 the injured worker reports the medication is approximately 40-50% effective in relieving her pain and maintaining her functionality. On examination, there is a decreased range of motion in her shoulders bilaterally, decreased sensation in her left upper extremity, decreased grip in her right hand accompanied by tingling and numbness in her index, middle and ring fingers. In notes dated 5/14/15 and 5/27/15 the injured worker experienced pain relief, improved sleep and decreased headache symptoms from the trigger point injection. The note also states wrist braces are being worn at night by the injured worker and describes them as mildly helpful. In a note dated 5/27/15, the injured worker reported a decrease in pain from cervical traction (7/10 pre-traction, 5/10 post-traction). A

request for cervical trigger point injections is being sought in an attempt to continue to provide relief of symptoms experienced by the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical, Trigger point.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trigger point injection.

Decision rationale: Guidelines recommend trigger point injections if there is documentation of circumscribed trigger points including twitch response and reproducible pain, failed medication management, and documentation of at least 50% relief for at least 6 weeks following the injection before repeating an injection. In this case, all three of these conditions are lacking in the documentation provided. The request for cervical trigger point injections is not medically appropriate and necessary.