

Case Number:	CM15-0122852		
Date Assigned:	07/27/2015	Date of Injury:	11/03/2013
Decision Date:	09/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/25/2015

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:

This 27 year old female sustained an industrial injury on 11-03-13. She subsequently reported left hand pain. Diagnoses include carpal tunnel syndrome and trigger finger. Treatments to date include MRI testing, physical therapy, TENS therapy and prescription pain medications. The injured worker has complaints of lower left thoracic pain. Upon examination, there was tenderness to palpation noted. Tinels and Phalens were noted in the findings. A request for Retrospective request for trigger point injection to the left shoulder (trapezius) for cervical sprain/strain DOS: 6/11/15 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for trigger point injection to the left shoulder (trapezius) for cervical sprain/strain DOS: 6/11/15: 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 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. There is no documented failure of 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 in regards to this patient. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Retrospective request for trigger point injection to the left shoulder (trapezius) for cervical sprain/strain DOS: 6/11/15 is not medically necessary and appropriate.