

Case Number:	CM15-0126668		
Date Assigned:	07/13/2015	Date of Injury:	09/16/2002
Decision Date:	08/06/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This injured worker is a 49 year old male who reported an industrial injury on 9/16/2002. His diagnoses, and or impression, were noted to include: shoulder pain, status-post right shoulder arthroscopic decompression surgery (9/25/03) and arthroscopic Bankart-Labral repair/revision and bursectomy (4/15/04). No current imaging studies were noted. His treatments were noted to include diagnostic studies; medication management with toxicology screenings; and a return to full work duties. The progress notes of 6/16/2015 reported a follow-up evaluation for complaints which included recurrent impingement with neck pain, right upper extremity paresthesias radiating from the trapezius scalene muscles, causing numbness/weakness in the hands and reduced grip strength; right scapula myofascial trigger points with restricted range-of-motion with restricted right shoulder range-of-motion; that the pain and symptomology interfere with work-related activities; and sleep deficits due to chronic pain. Objective findings were noted to include: decreased sleep; occipital and posterior cervical muscle spasms with decreased range-of-motion; upper rib, scalene, trapeziei and scapulae muscle spasms, with tenderness, taught bands, myofascial trigger points and twitch response in these muscles, causing radiating pain to the scapula and neck, and with crepitus to the right scapula; mildly limited/painful right shoulder range-of-motion, relieved by bursal pressure and deep tissue massage; atrophy of the right supraspinatus that were noted to be tender; and decreased strength and sensitivity to the right upper extremity. The physician's requests for treatments were noted to include multiple trigger point injections, to the neck and right shoulder, over 18-24 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for the neck and right shoulder x 3 sessions, every 6-8 weeks for 18-24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for trigger point injections.

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

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The medical documents do meet some criteria for trigger point injections per MTUS. However, the treating Trigger point injections is requesting multiple injection sessions, guidelines recommend repeat injection be based on 50% pain relief for 6 weeks after an injection and evidence of functional improvement. As such, the request for Trigger point injection for the neck and right shoulder x 3 sessions, every 6-8 weeks for 18-24 weeks is not medically necessary.