

<b>Case Number:</b>	CM15-0170068		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	01/23/1998
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 is a 57 year old female with a date of injury of January 23, 1998. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right shoulder pain and impingement syndrome, chronic neck pain, chronic left shoulder pain, and chronic myofascial back pain. Medical records (July 7, 2015) indicate that the injured worker complains of neck and bilateral shoulder pain, pain toward the upper trapezius region again, and difficulty with gripping and grabbing items. A progress note dated (May 18, 2015) notes subjective complaints of neck and bilateral shoulder pain. Per the treating physician (July 7, 2015), the employee has not returned to work. The physical exam (July 7, 2015) reveals limited range of motion of the left shoulder, some tenderness over the cervical paraspinal musculature on the left side, some spasming of the paraspinal regions, some twitch response over the left upper trapezius and refers pain towards the base of the neck, and some trigger points in this region. The progress note dated (May 18, 2015) documented a physical examination that showed continued tenderness to palpation of the upper trapezius trigger point area. Treatment has included Percocet that decreases the pain from 10 out of 10 to 7 out of 10, Cymbalta for neuropathic symptoms, and a trigger point injections on May 18, 2015 that offered significant benefit. The original utilization review (July 28, 2015) non-certified a request for a trigger point injections to the left upper trapezius.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection to left upper Trapezius: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** CA MTUS Guidelines sets out specific criteria for the administration of trigger point injections listed on page 122. In this case, the request is for repeat injections. Guidelines state that no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Within the documentation submitted for review, relief of pain is noted from the last injection on 5/18/2015. However there is a lack of documentation 50% pain relief or greater. Without this documentation, the request does not meet criteria and is thus not medically necessary or appropriate.