

Case Number:	CM15-0174305		
Date Assigned:	09/16/2015	Date of Injury:	01/28/2013
Decision Date:	10/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male who reported an industrial injury on 1-28-2013. His diagnoses, and or impression, were noted to include: cervical and thoracic pain; cervicgia; headaches; shoulder pain; and long-term use of medications. No current imaging studies were noted. His treatments were noted to include: chiropractic treatments - effective; and medication management with toxicology screenings. The progress notes of 8-10-2015 reported dull and aching neck and cervical pain, rated 2 out of 10, that radiated down the bilateral shoulders, and occurred 26-50% of the day; and dull and aching thoracic pain, rated 3 out of 10, that was present since 1-31-2013 and present 78-100% of the day. Objective findings were noted to include: an antalgic posture element with right head tilt and left high shoulder; mild-moderate pain with cervical and thoracic range-of-motion; unchanged, mild-moderate taut and tender fibers of the bilateral cervical spine, and unchanged mild-moderate trigger points to the bilateral thoracic spine; positive bilateral shoulder depression test; that the patient was following the recommended treatment plan, and that he stayed the same. The physician's requests for treatments were noted to include the request for 3 trigger point injections per doctor. The 8-11-2015 pain management progress notes reported: ongoing left shoulder pain, rated 3 out of 10; the goal to decrease the injured workers narcotic usage by 70-80%, and increase his quality of life; pain and tenderness of the left shoulder that was with decreased, painful range-of-motion, and decreased strength, grip and reflexes on the left; and the plan for consent for trigger point injections x 3 done in office under ultrasound guidance, under an attempt to avoid hospitalization or surgery and to decrease pain and inflammation to better tolerate physical therapy and slow the

progress of the disease. The Request for Authorization (RFA), dated 8-12-2015, was for 3 trigger point injections per doctor. The Utilization Review of 8-19-2015 non-certified the request for 3 trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections Qty. 3: 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: The claimant sustained a work injury in January 2013 and is being treated for chronic left shoulder pain. When seen, chiropractic treatments were helping. There was a goal of decreased medication use. Physical examination findings included left shoulder pain and tenderness and decreased range of motion. There was decreased left upper extremity strength. Trigger point injections were recommended. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and a trigger point injection was not medically necessary. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. A series of planned trigger point injections would therefore also not be considered medically necessary.