

Case Number:	CM15-0174719		
Date Assigned:	09/16/2015	Date of Injury:	03/15/2002
Decision Date:	10/22/2015	UR Denial Date:	08/25/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 is a 65-year-old female worker who was injured on 3-15-2002. The medical records reviewed indicated the injured worker (IW) was treated for bilateral rotator cuff syndrome, left greater than right; status post bilateral rotator cuff surgery; cervical spondylosis; periscapular myofascial pain-improved status post trigger point injections; chronic pain syndrome; and opioid dependence. The progress notes (8-6-15) indicated the IW had bilateral shoulder pain that radiated up into the neck without numbness or tingling. The pain was rated 4 out of 10 (unchanged) with 60% to 70% (previously 50%) functionality. She reported weakness in the shoulders and hands. Symptoms were improved by physical therapy and medications and were worse with stress and physical tension. Periscapular trigger point injections on 5-13-15 provided 100% pain relief for six weeks and improved range of motion 75%. Medications were Ambien CR, Nucynta and Tizanidine. On physical examination (8-6-15) Muscle strength and reflexes were normal in the bilateral upper extremities. There were no sensory deficits. Cervical range of motion was decreased and pain was increased with flexion and rotation. Pain radiated out into the periscapular and cervical paraspinal regions. There was tenderness to palpation over the lower cervical facet joints and over the bilateral periscapular and cervical paraspinal regions. Neer's and Hawkins tests were positive in the shoulders, greater on the left. There was no documentation of referred pain or twitch response in the painful areas. Treatments included physical therapy, multiple courses, which provided some pain relief; a steroid injection; right and left shoulder arthroscopies (2003 and 2004); home exercise program; ice, heat and TENS unit, which provided temporary relief and the IW continued to use heat at night. A Request for Authorization was received for periscapular trigger point injection for the bilateral shoulders times 3. The Utilization Review on 8-25-15 non-certified the request for periscapular trigger

point injections for the bilateral shoulders times 3, because the CA MTUS Chronic Pain Medical Treatment Guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periscapular trigger point injections for bilateral shoulders times 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for Periscapular trigger point injections for bilateral shoulders times 3, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response in a palpable taut band of skeletal muscle upon palpation. Additionally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. Finally, repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks and the current request is for times 3 without showing the decreased medication use and objective functional improvement after each one. As such, the requested Periscapular trigger point injections for bilateral shoulders times 3 are not medically necessary.