

Case Number:	CM15-0175086		
Date Assigned:	09/16/2015	Date of Injury:	10/18/2014
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
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: North Carolina, Georgia
 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:

The injured worker is a 40 year old female, who sustained an industrial injury on 10-18-14. Medical record indicated the injured worker is undergoing treatment for cervical strain, left shoulder strain with impingement, left elbow lateral epicondylitis with extensor tendon tendinosis, thoracic strain, lumbar strain, left hip strain, left sacroiliac joint and piriformis muscle strain, left medial knee meniscal tear and left foot strain. Treatment to date has included physical therapy, Tylenol 500mg, topical medications including Pennsaid and activity modifications. Currently on 7-28-15, the injured worker complains of headaches rate 8 out of 10 and improved with medication, neck pain rated 8 out of 10 improved by using a cervical pillow, left shoulder-arm pain rated 9 out of 10 improved by applying ice and using a heating pad, back pain rated 10 out of 10 improved by resting and using a pillow to sit on, left leg-foot pain rated 10 out of 10 improved by resting and avoiding weight bearing and sleep limited by pain. Physical exam performed on 7-28-15 revealed pain with balancing on one leg, dizziness with extension of neck, limited range of motion of cervical spine with muscle spasm noted of trapezius, rhomboid attachment to scapula muscle spasm, upper thoracic rib intercostal muscle spasm, pectoralis attachment to anterior shoulder muscle spasm, tenderness to palpation of rotator cuff muscles, pectoralis minor and biceps muscles on left, positive shoulder impingement sign; left medial and lateral epicondyle tenderness to palpation and resisted left wrist extension; tenderness to palpation of lumbar spine with limited range of motion, tenderness to palpation of thoracic spine and tenderness of sacroiliac joint. On 8-12-15, a request for authorization was submitted for trigger pint injections to the neck and shoulder 3 sessions. On 8-26-15, utilization review non-

certified a request for 3 trigger point injections of shoulder and neck muscles noting they may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; in this case no twitch response on exam; therefore the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection into the shoulder and neck muscles #3 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trigger point injections.

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

Decision rationale: CA MTUS guidelines state that trigger point injections are an option for the treatment of myofascial pain, with little evidence existing for lasting value. Trigger point injections are not recommended for use in radicular pain. The addition of a corticosteroid to the local anesthetic is not recommended. Trigger points may be present in 33-50 % of the adult population. Trigger point injection may be necessary for function in patients with myofascial trigger points when present on exam in conjunction with myofascial pain syndrome. Trigger point injections are not recommended for use in fibromyalgia or in typical back or neck pain. Criteria for use includes documentation of trigger points with both twitch response and referred pain on palpation, symptoms present for at least three months, documentation of trial of conservative therapies, no radicular symptoms present, no more than 3-4 injections per session at intervals no closer than 2 months, repeat trigger point injections should be used only when a 50% reduction in pain accompanied by improved functional status and no substance other than local anesthetic should be used as the injecting solution. In this case, there is no documentation of a twitch response on physical examination. Trigger point injection x 4 is not medically necessary.