MAXIMUS Federal Services

Case Number:	CM15-0177539		
Date Assigned:	09/18/2015	Date of Injury:	01/17/2012
Decision Date:	10/21/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/09/2015

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:

The injured worker is a 77 year old female who sustained an industrial injury on 1-17-2012. A review of medical records indicates she is being treated for headaches related to cervical pain with myofascial pain syndrome, cervical strain with myofascial pain syndrome, bilateral shoulder strain with myofascial pain syndrome, thoracic strain with myofascial pain syndrome, and left upper extremity paresthesias related to left shoulder condition. Medical records dated 8-6-2015 noted she stands for 20 minutes at a time with a pain scale of 7 without medications. There was tenderness to palpation with taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius and rhomboid muscle causing radiating pain to the posterior scapula and neck. Flexion was noted as increased since her last examination. Right and left shoulder range of motion was diminished. Treatment has included Celebrex, trigger point injections, Duloxetine, and Topiramate. The utilization review form dated 8-24-2015 noncertified trigger point injections into the shoulder and neck muscles times 3 sessions every 6 to 8 weeks for 18 to 24 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (TPIs) into the shoulder and neck muscles times 3 sessions every 6-8 weeks for 18-24 weeks: 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 2012 and is being treated for diagnoses of headaches, cervical, thoracic, and bilateral shoulder strains with myofascial pain and left upper extremity paresthesias. Trigger point injections were performed in June 2015. When seen, there had been significant benefit from the prior trigger point injections with improved ability to exercise independently. Physical examination findings included trigger points in the levator scapula, trapezius, and rhomboid and lumbar paravertebral muscles with twitch response and referred pain. There was increased cervical flexion. Authorization for a series of trigger point injection procedure is being requested. 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. In this case, the degree and duration of pain relief after the last injections performed is not adequately documented. A series of planned trigger point injections would not be appropriate, as a repeat injection would be dependent on the response to the previous injection. The request is not medically necessary.