

Case Number:	CM15-0063523		
Date Assigned:	04/09/2015	Date of Injury:	10/26/2011
Decision Date:	11/23/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/03/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 62 year old male who sustained an industrial injury on 10-26-11. A review of the medical records indicates he is undergoing treatment for status post right rotator cuff repair and bicipital tendon repair on 8-9-13, axial low back pain, lumbar facet mediated pain, chronic right rotator cuff tendinosis, right AC joint tendinosis, right bicipital tendinosis, bilateral C5 and C6 facet pain, right lateral epicondylitis, myofascial pain syndrome, cervicalgia, and left piriformis syndrome. Medical records (12-17-14 to 3-9-15) indicate ongoing complaints of right and left-sided scapular pain, as well as cervical pain. The treating provider indicates that the injured worker reports that "the pain is so severe that his cervical range of motion is limited by 50%". The physical exam (1-23-15) reveals "trigger points noted in the left piriformis muscle". The records indicate that the injured worker has undergone at least 3 trigger point injections (12-17-14 to 1-23-15). The treatment plan is for trigger point injections for the scapular spine area, specifically for the levator scapulae and the cervical rotators. The treating provider states "an additional trigger point injection is recommended with local anesthetic only to help maintain cervical range of motions, so that he can improve his range of motion and continue to wean off the Tramadol". The utilization review (3-28-15) includes a request for authorization of a cervical trigger point injection x 1. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection x 1 to cervical spine: 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 Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. In this case the exam notes from 3/9/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the determination is not medically necessary.