

Case Number:	CM15-0067694		
Date Assigned:	04/15/2015	Date of Injury:	09/14/2005
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/09/2015

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: California
Certification(s)/Specialty: Internal 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:

The injured worker is a 58 year old female with an industrial injury dated 01/14/2000-01/14/2001. The only record available for review is dated 06/11/2014. His diagnosis was major depressive disorder. Prior treatment includes medications for depression and anxiety and medication to help him sleep. Prior treatments include psychiatric treatments, medications, physical therapy and psychotherapy. He presents on 06/11/2014 for psychiatric evaluation. He relates that the combination of his physical injuries and the constant excessive work pressure have brought hi significant emotional distress. The current request is for trigger point injections. The UR references a progress report dated 03/13/2015 which is not available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left pectoralis minor trigger point injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page 122.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that trigger point injections have limited lasting value. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. MTUS criteria for the use of Trigger point injections were presented. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The utilization review letter dated March 24, 2015 documented a request for a left pectoralis minor trigger point injection under ultrasound guidance. The request for authorization was dated March 13, 2015. The only treating physician's report was a permanent and stationary psychiatric report dated June 11, 2014. No other progress reports were present in the submitted medical records. There was no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There was no documentation of the duration of the pectoralis minor symptoms. Failure of medical management therapies was not documented. No randomized controlled trials were discovered that support ultrasound-guided trigger point injection of the pectoralis minor muscle. The request for ultrasound-guided trigger point injection of the pectoralis minor muscle is not supported by MTUS guidelines. Therefore, the request for trigger point injection is not medically necessary.