

Case Number:	CM15-0067716		
Date Assigned:	04/15/2015	Date of Injury:	04/02/2012
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
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 47 year old female, who sustained an industrial injury on April 2, 2012. The injured worker was diagnosed as having right shoulder rotator cuff tear with impingement. Treatment to date has included epidural and SI injections, ultrasound, hip arthroscopy September 2014, MRI, physical therapy, activity modification, and medication. Currently, the injured worker complains of right shoulder pain. The Treating Physician's report dated March 12, 2015, noted a MRI from February 21, 2015, showed an intrasubstance tearing of the supraspinatus of the footprint. Physical examination of the shoulder was noted to show supraspinatus tenderness on the right, with positive Neer and Hawkins tests on the right. The treatment plan was noted to include a scheduled right shoulder arthroscopy with subacromial decompression and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: trigger point injections with Lidocaine 4cc, Marcaine 4cc, and Methylprednisolone 2cc Date of Service: 2/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Yoga.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, 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. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that trigger-point injections are not recommended. Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) indicates that trigger-point injections are not recommended. The pain management progress report dated November 7, 2014 did not document trigger points on physical examination. The pain management progress report dated January 5, 2015 did not document trigger points on physical examination. The orthopedic spine surgeons report dated February 27, 2015 documented tenderness at the coccygeal region on physical examination. There was a trigger point along the right superior iliac crest. There was no documentation of a twitch response and referred pain. A trigger point injection using Lidocaine, Marcaine, and Methylprednisolone was performed. There was no documentation of the duration of the trigger point. Failure of medical management therapies was not documented. ACOEM 2nd Edition (2004) Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) indicates that trigger-point injections are not recommended. The request for a trigger point injection is not supported by MTUS guidelines. Therefore, the request for trigger point injection is not medically necessary.