

Case Number:	CM15-0068690		
Date Assigned:	04/16/2015	Date of Injury:	05/30/2014
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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:

This 28 year old female sustained an industrial injury on 5/30/14. She subsequently reported neck and left shoulder pain. Diagnoses include cervical/ trapezial musculoligamentous sprain/ strain, left shoulder impingement syndrome and left shoulder periscapular sprain/ strain. Treatments to date have included x-rays, MRIs, physical therapy, modified work duty, and prescription pain medications. The injured worker continues to experience chronic neck and shoulder complaints. A request for one left levator scapulae trigger point injection under ultrasound guidance was made by the treating physician. A progress report dated March 11, 2015 identifies mild spasm present upon para-spinal/trapezius testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left levator scapulae trigger point injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122.

Decision rationale: Regarding the request for one left levator scapulae trigger point injection under ultrasound guidance, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Additionally, guidelines do not support the necessity of imaging guidance for trigger point injections. In the absence of such documentation, the requested trigger point injection is not medically necessary.