

<b>Case Number:</b>	CM15-0070357		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	11/11/1996
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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:

This 66 year old female sustained an industrial injury neck and right shoulder on 11/11/96. Previous treatment included magnetic resonance imaging, epidural steroid injections, shoulder injections, trigger point injections and medications. In a visit note dated 12/16/14, the injured worker reported over 50% reduction in neck pain after trigger point injections, allowing her to refrain from requesting cervical spine epidural steroid injections. In a visit note dated 3/31/15, the injured worker reported that her pain had decreased since her last visit. The injured worker reported that her quality of sleep was good. The injured worker complained of pain 4/10 on the visual analog scale with medications and 7/10 without. Current diagnoses included extremity pain, cervical spine spondylosis, shoulder pain, carpal tunnel syndrome and muscle spas. The injured worker received a trigger point injection during the office visit. The treatment plan included prescriptions for medications (Nortriptyline, Flector patch and Neurontin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One trigger point injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Trigger point injections Page 122. Decision based on Non-MTUS Citation Work Loss Data Institute Neck and upper back (acute & chronic) 2013 <http://www.guideline.gov/content.aspx?id=47589>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that trigger point injections have limited lasting value. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that injection of trigger points have no proven benefit in treating acute neck and upper back symptoms. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that trigger point injections are not recommended. The treating physician's progress report March 24, 2015 did not document a physical examination. No physical examination was documented. The treating physician's progress report March 31, 2015 did not document a physical examination. No physical examination was documented. Trigger point injections to cervical paravertebral, left trapezius and right trapezius locations were performed. The request for authorization dated 4/3/15 documented a request for trigger point injection cervical and paravertebral. Because the 3/24/15 and 3/31/15 progress reports do not document a physical examination, the request for a trigger point injections is not supported. MTUS, ACOEM, and Work Loss Data Institute guidelines do not support the medical necessity of trigger point injections to the neck and upper back. Therefore, the request for trigger point injections is not medically necessary.

**One right shoulder steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses shoulder complaints. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints indicates that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. Prolonged or frequent use of cortisone injections into the subacromial space or the shoulder joint is not recommended. The treating physician's progress report March 24, 2015 did not document a physical examination. No physical examination was documented. A right shoulder injection with Kenalog mixed with Bupivacaine was performed. The treating physician's progress report March 31, 2015 did not document a physical examination. No physical examination was documented. The request for authorization dated 4/3/15 documented a request for right shoulder steroid injection. Because the 3/24/15 and 3/31/15 progress reports do not document a physical

examination, the request for a right shoulder steroid injection is not supported. Therefore, the request for right shoulder steroid injection is not medically necessary.