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| Case Number: | CM15-0072621 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 09/03/2013 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

September 3, 2013. The injured worker previously received the following treatments right shoulder MRI, topical medication, home exercise program, Ibuprofen, Duloxetine, physical therapy, analgesic pain medication, x-rays of the right shoulder and right side of the neck. The injured worker was diagnosed with right shoulder sprain/strain, lumbosacral strain/sprain, right hip sprain/strain and right Achilles strain/sprain. According to progress note of April 1, 2015, the injured workers chief complaint was headaches were aggravated by neck activity and decreasing Ibuprofen use. The neck pain was severe with radiation into the upper extremities. There was pain in the epicondylar region which continued to increase with gripping. There was also, continued back pain in the thoracic region. The physical exam noted a slight decrease in the range of motion of the right upper extremity. The cervical spine had decreased range of motion due to pain. The treatment plan included trigger injection for the right shoulder and trigger point injection into the neck muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection, neck muscles for 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injection, neck muscles for 3 sessions is not medically necessary and appropriate.

Trigger Point Injection, right shoulder for 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger Point Injection, right shoulder for 3 sessions is not medically necessary and appropriate.