

Case Number:	CM15-0091464		
Date Assigned:	05/15/2015	Date of Injury:	02/17/2009
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, New York
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 is a 58-year-old male with a February 17, 2009 date of injury. A progress note dated February 3, 2015 documents subjective findings (chronic left shoulder and elbow pain with radiation to the neck; change in temperature increasing pain; gastric complaints improved with omeprazole), objective findings (abnormal reflexes; decreased range of motion of the left shoulder; decreased range of motion of the left elbow; tenderness to palpation of the left trapezius, paraspinal muscle spasm; tenderness to palpation of the lateral left elbow; guarding of the left upper extremity), and current diagnoses (SLAP tear (superior glenoid labrum lesions); shoulder sprain/strain; postoperative chronic pain; myofascial pain; poor coping; history of gastric issues). Treatments to date have included medications, injections, imaging studies, surgery, home exercise, transcutaneous electrical nerve stimulator, and psychotherapy. The medical record indicates that the injured worker responds well to trigger point injections. The treating physician documented a plan of care that included trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for DOS 4/3/15 x 3 to the bilateral cervical PSM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injection date of service April 3, 2015 times three to the bilateral cervical paraspinal muscles is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are SLAP tear; shoulder sprain/strain; postoperative chronic pain; myofascial pain; poor coping; history gastric issues/hypertension. The documentation shows the injured worker received multiple trigger point injections on multiple office visits. Trigger point injections were provided on December 29, 2014; January 13, 2015; and February 3, 2015. The most recent progress note in the medical record is dated February 3, 2015. The request for authorization is dated April 3, 2015. There are no contemporary progress notes on or about the date of the request for authorization. There is no evidence of objective functional improvement of the prior trigger point injections from February 3, 2015. The guidelines allow for 3 to 4 trigger point injections per session. The injured worker received six sessions in the February 2015 visit. There is no evidence of objective functional improvement other than "patient responds very well to this treatment and would benefit from three - four visits of three TPI visits went TP acute". Consequently, absent clinical documentation with objective functional improvement of prior trigger point injections and contemporaneous clinical documentation on or about the date of request for authorization, trigger point injection date of service April 3, 2015 times three to the bilateral cervical paraspinal muscles is not medically necessary.