

Case Number:	CM15-0092265		
Date Assigned:	07/15/2015	Date of Injury:	03/06/2000
Decision Date:	08/12/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/14/2015

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: Massachusetts

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:

The injured worker is a 62 year old female, who sustained an industrial injury on 3/06/2000. The injured worker was diagnosed as having fibromyalgia-myositis, unspecified, lesion of ulnar nerve, brachia neuritis or radiculitis, not otherwise specified, displacement of lumbar intervertebral disc without myelopathy, disorders of bursae and tendons in shoulder region, unspecified, and cervicalgia. Treatment to date has included diagnostics, lumbar epidural steroid injections, acupuncture, physical therapy, and medications. On 3/30/2015, the injured worker complains of pain in her low back with intermittent bilateral lower extremity pain, along with neck pain and shoulder blade spasms. She continued to report bilateral wrist pain that radiated to the elbows and forearms. She also reported right shoulder pain radiating to the right upper extremity and neck, associated with left shoulder pain now, noting increased left arm use contributing to pain in left shoulder. Current pain was rated 6/10 and at worst 7/10 in the past week. Musculoskeletal exam noted right shoulder girdle and right trapezius muscle with diffuse moderate tenderness to palpation over trigger points. Her left shoulder girdle and trapezius muscle showed tenderness to palpation with trigger points as well. The treatment recommendation included trigger point injections to the deltoid and rhomboids, three on each side, for a total of six. Her work status remained with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Trigger point injections to deltoid & rhomboids (3 on each side): 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 injections Page(s): 122.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2000 and continues to be treated for widespread pain. When seen, she was having neck pain with shoulder spasms. She was having right shoulder pain and bilateral wrist pain. Pain was rated at 6- 7/10. Physical examination findings included shoulder and trapezius muscle tenderness with trigger points. There was bilateral medial and lateral epicondyle tenderness. There was decreased lumbar spine range of motion with tenderness and muscle spasms. There was decreased right lower extremity strength and sensation. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, although there were trigger points, the presence of a twitch response with referred pain is not documented. The requested trigger point injections were not medically necessary.