

Case Number:	CM15-0092365		
Date Assigned:	05/18/2015	Date of Injury:	12/03/2012
Decision Date:	06/19/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 55 year old female, who sustained an industrial injury on 12/3/2012. Diagnoses have included myofascial pain syndrome and spasm secondary to shoulder injury and surgery, right shoulder pain status post rotator cuff repair, cervicalgia, muscle spasm and myalgia and intermittent occipital neuralgia. Treatment to date has included surgery, injections, physical therapy and medication. According to the progress report dated 3/12/2015, the injured worker complained of neck pain and spasms, right shoulder pain and occipital neuralgia. She described pain in the right greater than left cervical region, lower occiput, upper trapezius and periscapular region as a constant ache with associated spasms. It was noted that previous trigger point injections offered minimal improvement of her pain symptoms. She rated her current pain as 5-6/10. Physical exam revealed tenderness to palpation with muscle twitch to stimulation over the right cervical paraspinal muscles, right upper trapezius and right levator scapulae. There was tenderness to palpation over the right inferior occiput and upper trapezius. The injured worker was given a Toradol injection. Per the progress report dated 4/10/2015, the injured worker was tender with palpable muscle twitch to stimulation over the right cervical paraspinal muscles, right lower occiput, right upper trapezius, levator scapulae and right periscapular region. On this visit, the injured worker complained of daily occipital headaches. Authorization was requested for trigger point injections to five locations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to 5 locations: 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 sustained a work-related injury in December 2012 and continues to be treated for neck pain and muscle spasms. When seen, prior trigger point injections had provided minimal pain relief. Physical examination findings included decreased cervical spine range of motion and muscle tenderness with twitch responses. Medications were prescribed and additional testing ordered. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of referred pain is not documented. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, prior trigger point injections have not been of benefit. The request is not medically necessary.