

Case Number:	CM15-0095098		
Date Assigned:	05/21/2015	Date of Injury:	04/19/2009
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 55 year old male patient, who sustained an industrial injury on 4/19/09. The diagnoses have included symptomatic lumbar disc disease with left upper extremity radiculopathy; left shoulder impingement syndrome and tendinitis, status post left shoulder arthroscopic surgery and distal clavicular excision and left hip tendinitis and capsulitis. Per the doctor's note dated 4/7/15, he had complaints of neck pain with radiation to the left upper extremity, left shoulder pain and low back pain with radiation to the left leg. The physical examination revealed decreased range of motion of the lumbar and cervical spine; decreased range of motion of the left shoulder; makes good fists except for lack of full flexion of the left index finger. Per the doctor's note dated 3/27/15, he had complaints of myofascial pain in neck and left shoulder. The physical examination revealed left shoulder forward flexion 130 degrees, multiple trigger points noted in left levator scapule, left trapezius and left rhomboid muscles. The medications list includes tylenol, ibuprofen, gabapentin, percocet, celebrex, ambien, omeprazole and lidoderm patch. He has had left shoulder MRI on 12/9/14 which revealed distal supraspinatus tendinitis/tendinosis. Treatment to date has included injections; surgery, acupuncture treatments; physical therapy and Functional Restoration Program. The request was for trigger point injection to the left trapezius muscles and trigger point injection to the left rhomboid muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the left trapezius muscles: 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 injections Page(s): 122.

Decision rationale: Per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain is not specified in the records provided. Per the records provided patient had neck pain with radiation to the left upper extremity. The cited guidelines do not recommend trigger point injections for patient with radiculopathy. In addition, per the records provided patient has had physical therapy, acupuncture and functional restoration program for this injury. A documentation of failure of these conservative measures was not provided in the medical records submitted. The previous therapy notes are not specified in the records provided. The medical necessity of Trigger point injection to the left trapezius muscles is not fully established for this patient. The request is not medically necessary.

Trigger point injection to the left rhomboid muscles: 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 injections Page(s): 122.

Decision rationale: Per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain is not specified in the records provided. Per the records provided patient had neck pain with radiation to the left upper extremity. The cited guidelines do not recommend trigger point injections for patient with radiculopathy. In addition, per the records provided patient has

had physical therapy, acupuncture and functional restoration program for this injury. A documentation of failure of these conservative measures was not provided in the medical records submitted. The previous therapy notes are not specified in the records provided. The medical necessity of Trigger point injection to the left rhomboid muscles is not fully established for this patient. The request is not medically necessary.