

Case Number:	CM15-0098871		
Date Assigned:	06/01/2015	Date of Injury:	08/15/2008
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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, Hawaii

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:

The injured worker is a 57 year old female, who sustained an industrial injury on August 15, 2008. She reported bilateral hip and tailbone pain. The injured worker was diagnosed as having bilateral shoulder impingement syndrome, compensable consequence bilateral wrist degenerative joint disease secondary to overloading from use with 2 canes, bilateral carpal tunnel syndrome, cervical muscle spasm and chronic pain, and migraine headaches aggravated by cervical condition. Diagnostic studies to date have included MRIs and neuro-diagnostic studies. Treatment to date has included aquatic therapy, acupuncture, physical therapy, Botox injections for migraines, right shoulder steroid injections, a right wrist spica splint, bilateral canes with ergonomic handgrips and handles, a home exercise program, yoga, a motorized scooter, a transcutaneous electrical nerve stimulation (TENS) unit, cognitive behavior therapy, and medications including long acting pain, topical pain, migraine, muscle relaxant, antidepressant, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 15, 2015, the treating physician noted the injured worker's muscle relaxant and antidepressant medications have decreased her muscle spasms, pain induced depression and neuralgia by 50%. Her anti-epilepsy medication continued to decrease the neuralgia. The physical exam revealed tenderness to palpation at the cervicothoracic junction and over the thoracic spine bilaterally, and muscle spasms in the thoracic spine, which was very painful upon palpation. There was tenderness to palpation with taut bands at the myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles with pain radiating to the posterior scapula and neck. The treating physician noted that due to myofascial tension and pain in the acromion, the

injured worker avoids left shoulder activity, which increased the bilateral rhomboid myofascial tension. There was decreased range of motion of the left shoulder due to pain, tenderness of the glenohumeral joint. There was decreased muscle strength in the bilateral upper extremities, decreased sensation in the left cervical 6 and median nerve distributions, decreased sensation in the right cervical 5 and median nerve distributions. The requested treatments are for nerve conduction studies/ electromyography of both upper extremities and 3 sessions of trigger point injection into the left shoulder muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection into the left shoulder muscle x 3 sessions: Overturned

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 patient presents with spasms of the lower buttocks radiating to the groin alternating with burning pins and needles pain with constant aching pain. The current request is for Trigger point injection into the left shoulder muscle x 3 sessions. The treating physician states, in a report dated 02/04/15, "According to Official Disability Guidelines, trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met. (The patient's) condition met the criteria in the following manner". (1423C) The MTUS guidelines state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain". In this case, the treating physician has documented the following: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; "Tenderness to palpitation with taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. Rhomboid myofascial tension has increased bilaterally as she is guarding her left upper extremity more frequently". (1428C); (2) Symptoms have persisted for more than three months "Present" (1423C); (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. "Activities of daily living continue to remain limited by her chronic pain, but also remain stable with her current treatments. Sitting remains limited by her coccygeal and lower back pain, which continues to fluctuate depending upon activity. Standing and walking for prolonged periods continues to remain limited by pain in her coccygeal, lower back and hip regions". (1425C); (4) Radiculopathy is not present (by exam, imaging, or neuro-testing), "Myofascial pain syndrome present" (1423C). (5) Not more than 3-4 injections per session, "As indicated" (1423C); (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, "Recent trigger point injections are not known" (1423C); (7) Frequency should not be at an interval less than two months, "As requested" (1423C); (8) Trigger point injections with any substance (e.g.,

saline or glucose) other than local anesthetic with or without steroid are not recommended, "As requested" (1424C). Given the documentation by the treating physician above, the current request is medically necessary.