

Case Number:	CM15-0099653		
Date Assigned:	06/02/2015	Date of Injury:	10/09/2013
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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

Certification(s)/Specialty: Emergency 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:

The injured worker is a 56 year old female, who sustained an industrial injury on October 9, 2013. She reported right shoulder pain. The injured worker was diagnosed as having right shoulder pain and pain in joint, shoulder region. On March 12, 2015, she underwent electromyography, which was normal. Treatment to date has included physical therapy, work modifications, a right shoulder trigger point injection, and medications including pain, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 29, 2015, the treating physician noted her pain was unimproved. She was undergoing therapy and had a few sessions left. The physical exam revealed moderate tenderness to palpation of the neck paraspinal muscles, limited range of motion due to pain, a negative Spurling, and normal motor strength, sensation, reflexes of the bilateral upper extremities. There was a negative Hoffman test. The treatment plan includes trigger point injection of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder trigger point injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The requested right shoulder trigger point injection is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The injured worker has noted her pain was unimproved. She was undergoing therapy and had a few sessions left. The physical exam revealed moderate tenderness to palpation of the neck paraspinal muscles, limited range of motion due to pain, a negative Spurling, and normal motor strength, sensation, reflexes of the bilateral upper extremities. The treating physician has not documented a twitch response on physical exam nor percentage/duration of relief from previous injections. The criteria noted above not having been met, right shoulder trigger point injection is not medically necessary.