

<b>Case Number:</b>	CM14-0103252		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/30/2009
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/04/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and knee pain reportedly associated with an industrial injury of October 30, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier left and right total knee arthroplasty; and right shoulder surgery.

In a Utilization Review Report dated June 24, 2014, the claims administrator denied a request for trigger point injections to the bilateral rhomboids. The applicant's attorney subsequently appealed. In an April 3, 2014, the applicant reported persistent complaints of neck, shoulder, and right upper extremity pain. The applicant was using Lidoderm, Neurontin, Norco, Soma, Tenormin, Diovan, metformin, Xanax, and aspirin, it was stated. A pain psychology evaluation was sought. Norco, Neurontin, and Soma were also sought. The applicant was not working due to permanent limitation in place, it was acknowledged. On May 29, 2014, the applicant reported persistent complaints of neck and shoulder pain, most prominent about the left rhomboid musculature. Surgical scarring was evident about the left and right shoulders with motor strength limited secondary to pain. The applicant reportedly had reproducible tender points about the bilateral rhomboid musculature. Trigger point injection therapy was sought while Norco, Neurontin, and Soma were renewed. It was again stated that the applicant was not working. The remainder of the file was surveyed. There was no evidence that the applicant had had prior trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections Bilateral Rhomboids:** 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 topic. Page(s): page 122.

**Decision rationale:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended for myofascial pain, with limited lasting value. While page 123 of the MTUS Chronic Pain Medical Treatment Guidelines does qualify its recommendations by noting that pursuit of repeat trigger point injections should be predicated on evidence of functional improvement with earlier blocks, in this case, however, there is no concrete evidence on file that the applicant has had earlier injections. The applicant's trigger point have persisted for what appears to be a span of several months to several years, despite time, medications, muscle relaxants, physical therapy, etc. A trial of trigger point injections at the rhomboid is therefore indicated. Accordingly, the requests for Trigger Point Injections Bilateral Rhomboids are medically necessary.