

Case Number:	CM14-0147787		
Date Assigned:	09/15/2014	Date of Injury:	05/05/2003
Decision Date:	10/22/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 67-year-old male who reported a work related injury on 05/05/2013. The mechanism of injury was not provided for review. The injured worker's diagnosis is chronic scapular pain. The injured worker's past treatments have included medication, a home exercise program, heat and ice packs, and physical therapy. The injured worker's diagnostic studies consist of an MRI of the right shoulder dated 06/19/2014 which revealed signs of tendinopathy, impingement, and degenerative changes, but not a full thickness rotator cuff tear. The injured worker's past surgical history includes a right arthroscopic surgery on an unspecified date. Upon examination on 08/21/2014, the injured worker complained of pain to his right shoulder which he rated a 5/10 to 6/10 on a VAS pain scale. The injured worker stated repetition in his right shoulder caused pain. The pain seemed to be localized to the posterior medial scapular border on the right. Upon physical examination of the right shoulder, it was noted that there was no swelling, no ecchymosis, and no atrophy. However, it was noted with shoulder motion that crepitus was present as well as tenderness of the medial inferior border of the right scapula. Provocative tests and stability tests were noted to be normal. Sensation and deep tendon reflexes were also noted to be normal and intact. The treatment plan consists of cortisone injections to the medial scapular border trigger point. The rationale for the injections is to reduce complaints of pain in the right shoulder. The Request for Authorization form was submitted for review on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to medial scapular border trigger point: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for cortisone injections to the medial scapular border trigger point is not medically necessary. The California MTUS Guidelines specify 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: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms that have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present; not more than 3 to 4 injections per session; no more repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after injection and there is documented evidence of functional improvement; frequency should not be at an interval of less than 2 months; and trigger point injections with any substance other than a local anesthetic with or without steroids are not recommended. Within the documentation provided for review, it does state that the injured worker had persistent pain for more than 3 months with no evidence of radiculopathy. Additionally, it was noted within the documentation that the injured worker had physical therapy and medications which failed to control pain. However, the documentation provided for review did not provide any documentation of trigger points within the physical examination. Additionally, the Guidelines do not support the use of a corticosteroid to a trigger point injection. As such, the request for cortisone injections to the medial scapular border trigger point is not medically necessary.