MAXIMUS Federal Services

Case Number:	CM13-0022756		
Date Assigned:	12/18/2013	Date of Injury:	12/10/2004
Decision Date:	02/13/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient is as 54-year-old female who reported a work-related injury on 12/10/2004, specific mechanism of injury not stated. The most recent clinical note dated 09/27/2012 reports the patient was seen under the care of [redacted]. The provider documents the patient presents for treatment of the following diagnoses: cervical brachial syndrome, rotator cuff bursitis bilaterally, bilateral carpal tunnel syndrome, de Quervain's tenosynovitis bilaterally, impingement of the right shoulder, knee strain, and internal derangement of the left knee. The provider documents the patient utilizes Norco 10/325, Soma 350, and Celebrex. The provider documents palpable trigger points throughout the upper and lower trapezius region, tenderness upon palpation of the biceps tendon and AC joint. The patient was noted to have 4/5 motor strength to the left upper and lower extremities, and 5/5 throughout the right upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The current request is not supported. The most recent clinical documentation submitted for the current request was dated from 09/2012. The clinical notes failed to evidence the patient's recent course of treatment, objective findings of symptomatology, or the patient's subjective complaints of symptomatology. California MTUS/ACOEM indicates when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given the lack of documentation of when the patient last underwent imaging studies of the cervical spine, the request for an MRI of the cervical spine is not medically necessary or appropriate.

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation AMA Guides, 5th Edition, page 382 - 383.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The current request is not supported. The most recent clinical documentation submitted for the current request was dated from 09/2012. The clinical notes failed to evidence the patient's recent course of treatment, objective findings of symptomatology, or the patient's subjective complaints of symptomatology. Given the lack of documentation evidencing an official imaging study of the patient's cervical spine, if the patient has previously utilized injection therapy for her cervical spine pain complaints, as the patient is status post a work-related injury of over 9 years' time, the current request is not supported. California MTUS indicates repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In addition, radiculopathy must be documented by physical examination, corroborated by imaging studies and/or electrodiagnostic testing. Given all the above, the request for a cervical epidural steroid injection is not medically necessary or appropriate.

Trigger point injections x3 in cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: The current request is not supported. The most recent clinical documentation submitted for the current request was dated from 09/2012. The clinical notes failed to evidence the patient's recent course of treatment, objective findings of symptomatology, or the patient's subjective complaints of symptomatology. The clinical documentation submitted for review fails to evidence the patient's recent course of treatment, if the patient had previously utilized trigger point injections, and the efficacy of treatment. As California MTUS indicates, no

repeat injections unless greater than 50% pain relief is obtained for 6 weeks after an injection, and there is documented evidence of functional improvement. The clinical notes fail to support evidence of the patient's current objective findings of symptomatology, or the patient's subjective complaints of pain and dysfunction. Given all the above, the request for trigger point injections x3 in the cervical spine and lumbar spine is not medically necessary or appropriate