

Case Number:	CM13-0031898		
Date Assigned:	12/04/2013	Date of Injury:	01/27/2013
Decision Date:	02/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 and 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:

This 43 year-old male sustained an injury on 1/27/13 while employed by the [REDACTED]. Requests under consideration include Bone Growth Stimulator and Cervical Trigger Point Injections. Report of 8/7/13 from [REDACTED] noted the patient with complaints of neck pain and numbness in the right 4th and 5th digits. Exam showed motor strength 5/5, sensory WNL. X-rays dated 4/22/13 revealed chronic appearing clay shoveler's fracture of T1. Current diagnoses included cervical pain, cervical radiculopathy, probable old T1 clay shoveler fracture. Treatment included medications, activity modification, and chiropractic care. Request included cervical bone growth stimulator and cervical trigger point injections which were non-certified on 9/18/13 by neurosurgical reviewer, [REDACTED] citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Growth Stimulator: 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), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bone Growth Stimulator(BGS), page375.

Decision rationale: This 43 year-old male sustained an injury on 1/27/13 while employed by the [REDACTED]. Requests under consideration include Bone Growth Stimulator and Cervical Trigger Point Injections. Report of 8/7/13 from [REDACTED] noted the patient with complaints of neck pain and numbness in the right 4th and 5th digits. Exam showed motor strength 5/5, sensory WNL. X-rays dated 4/22/13 revealed chronic appearing clay shoveler's fracture of T1. Current diagnoses included cervical pain, cervical radiculopathy, probable old T1 clay shoveler fracture. Treatment included medications, activity modification, and chiropractic care. Guidelines note either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Submitted reports have not demonstrated clinical findings to meet the criteria for the bone growth stimulator. The Bone Growth Stimulator is not medically necessary and appropriate.

Cervical Trigger Point Injections: 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), Trigger Point Injection.

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

Decision rationale: This 43 year-old male sustained an injury on 1/27/13 while employed by the [REDACTED]. Requests under consideration include Bone Growth Stimulator and Cervical Trigger Point Injections. Report of 8/7/13 from [REDACTED] noted the patient with complaints of neck pain and numbness in the right 4th and 5th digits. Exam showed motor strength 5/5, sensory WNL. X-rays dated 4/22/13 revealed chronic appearing clay shoveler's fracture of T1. Current diagnoses included cervical pain, cervical radiculopathy, probable old T1 clay shoveler fracture. Treatment included medications, activity modification, and chiropractic care. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified intact motor strength 5/5 with normal sensation of all dermatomes in the upper extremities. Medical necessity for Trigger point injections has not been established and

does not meet guidelines criteria. The Cervical Trigger Point Injections is not medically necessary and appropriate.