

Case Number:	CM13-0058678		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2007
Decision Date:	04/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 54-year-old with a work injury dated April 5, 2007 causing neck and shoulder pain. Her diagnoses include cervical strain, cervical discogenic disease, cervical facet disease, left shoulder impingement, right shoulder bursitis, right shoulder impingement, and left shoulder surgery in the past with residuals. Treatment has included medication management, cervical epidural injections and facet injections/blocks, status post left shoulder subacromial decompression, prior trigger point injections and physical therapy. There is a request for bilateral trigger point injections to the cervicotrachezial ridge. There is a October 16, 2013 primary treating physician office visit that states that the patient has had recent increase in neck pain with cold weather. Her pain level currently is at 8/10. The patient is taking Motrin as needed. On physical exam the shoulder reveals positive impingement signs bilaterally. There is painful range of motion bilaterally. On the right, forward flexion and abduction is to 170 degrees. On the left, forward flexion and abduction is to 160 degrees. Cervical spine examination reveals spasm, tenderness and decreased range of motion. There is facet tenderness. There is a July 21, 2010 left shoulder MRI that reveals evidence of prior supraspinatus tendon repair and acromioplasty. Postsurgical changes within the superolateral soft tissue, mild supraspinatus tendinosis versus postsurgical granulation tissue, and curved (type II) acromion process which may predispose to rotator cuff impingement. The report of July 21, 2010 states that an MRI of the right shoulder revealed the following impression: "Mild infraspinatus tendinosis, osteophytes at the inferior achromia and which may predispose to rotator cuff impingement, and mild glenohumeral joint effusion. The report from July 25, 2011 says that an MRI of the cervical spine reveals Chiari type I malformation, at C5-6 a 2.0 mm broad-based disc protrusion which mildly compresses on the thecal sac, at C6-7-1 1.8 mm broad-based disc protrusion which mildly compresses on the

thecal sac, and the parent linear high T2 signal within the cervical cord extending from C2-C7. Differential considerations include or not limited to artifact versus myelomalacia, syrinx, demyelinating disease, or myelitis. Correlation with clinical findings is recommended. If acute demyelinating disease or myelitis is suspected clinically. Follow-up with contrast enhanced MRI and MR of the brain are recommended."

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRIGGER POINT INJECTIONS TO THE CERVICOTRAPEZIAL

RIDGE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

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

Decision rationale: Bilateral trigger point injections to the cervicotrapezial ridge is not medically necessary per the MTUS guidelines. The guidelines recommend the use of trigger points an option for neck pain with myofascial pain syndrome when specific criteria are met which include the documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation submitted does not reveal such findings on physical examination. The request for bilateral trigger point injections to the cervicotrapezial ridge is not medically necessary or appropriate.