MAXIMUS Federal Services

Case Number:	CM13-0069130		
Date Assigned:	01/03/2014	Date of Injury:	05/11/2008
Decision Date:	06/04/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 50-year-old male who reported an injury on 05/11/2006 after he was hit in the right shoulder by falling wall. The injured worker reportedly sustained multiple injuries to include the bilateral shoulders, cervical spine, and emotional distress. The injured worker's treatment history included physical therapy and multiple medications. The injured worker was evaluated on 11/18/2013. It was documented that the injured worker participated in a home exercise program that did relieve pain complaints. Physical findings of the cervical spine documented there was tenderness to palpation of the paracervical musculature with restricted range of motion secondary to pain. The injured worker's diagnoses included cervical radiculopathy, anxiety, spinal stenosis in the cervical region, muscle spasms, myalgia/myositis, degenerative disc disease of the cervical spine and headaches. The injured worker's treatment plan included medications to include Voltaren 1% and baclofen 10 mg and a trigger point injection to the left shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION FOR THE LEFT SHOULDER AND CERVICAL QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

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

Decision rationale: The requested trigger point injection for the left shoulder and cervical spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends trigger point injections for trigger points identified upon physical examination. A twitch response should be recorded as part of the physical examination to support the need for this intervention. The clinical documentation submitted for review does not provide any documentation or physical findings of trigger points that have twitch responses upon palpation. Therefore, the trigger point injection for the left shoulder and cervical spine is not medically necessary or appropriate.

VOLTAREN 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The requested Voltaren 1% is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends nonsteroidal anti-inflammatory drugs as topical analgesics when oral formulations of this type of medication are contraindicated to the patient or not tolerated by the patient. The clinical documentation submitted for review does not provide any evidence that the injured worker cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs. There is no documentation that oral formulations of nonsteroidal anti-inflammatory drugs are contraindicated for this patient. Therefore, the need for a topical nonsteroidal anti-inflammatory drug is not supported. As such, the requested Voltaren 1% is not medically necessary or appropriate.