

<b>Case Number:</b>	CM14-0003609		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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 an employee of [REDACTED] who has submitted a claim of pain in the neck and right shoulder associated from an industrial injury date of June 21, 2011. The treatment to date has included right shoulder arthroscopy subacromial decompression with rotator cuff repair (6/1/12), physical therapy, and medications with include Ultram ER, Cyclobenzaprine, Voltaren XR, Protonix, and Lyrica. Medical records from 2013 were reviewed, the latest of which dated July 23, 2013 revealed that the patient presents with multiple symptoms. On physical examination, she continues to have decreased range of motion at the cervical spine. There is decreased sensation to touch and pin in the left upper extremity as compared to the right diffusely, and shoulder girdle laxity. There is noted depressed mood. MRI of the lumbar spine done last October 10, 2012 revealed interspaces above L5 demonstrates modest annular bulging and facet arthropathy superimposed on a somewhat developmentally shallow neural arch with resultant modest left lateral recess and proximal foraminal compromise at L2-3 and L4-5 with small foci of hyperintensity behind the annulus of an annular tear. L5-S1: 2mm circumferential annular prominence without focality or neural foraminal compromise. MRI of the cervical spine done last December 9, 2011 revealed Chiari one malformation, mild degenerative changes noted with minimal degenerative disc signal changes throughout the cervical spine and mild arthritic facet changes. Relatively narrow cervical canal AP diameter is noted which is predominantly developmental in nature although minimal disc or disc-osteophyte bulging is present at C3-4 and C5-6. No significant cord compression or spinal cord signal abnormality is identified at any level. MRI of the right shoulder done last October 17, 2011 revealed moderate infraspinatus and supraspinatus tendinosis with a full thickness partial width tear of the distal supraspinatus tendon measuring 14mm in length by 9.5mm in width. There is severe acromioclavicular joint arthrosis with a moderate subclavicular spur impinging on the

myotendinous junction of the supraspinatus. A small subacromial/subdeltoid effusion is noted. The utilization review from January 9, 2014 denied the request for ultrasound guided cervical trigger point injections because the claimant does not have any clinical features of trigger points, and denied the request for ultrasound right shoulder because it has no role in the treatment and investigation of shoulder related conditions and it is not an alternative to radiographic investigation study such as conventional x-rays, MRI, CT scan and angiogram.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ULTRASOUND GUIDED CERVICAL TRIGGER POINT INJECTIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

**Decision rationale:** As stated on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended for chronic neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In this case, trigger point injections were prescribed for the chronic neck pain. However, recent clinical evaluation does not document clinical features of trigger points. Also, the patient is a diagnosed case of Chiari malformation, which the neck pain is attributed to. The medical necessity for trigger point injections was not established. Therefore, the request for ultrasound guided cervical trigger point injections is not medically.

#### **ULTRASOUND RIGHT SHOULDER: 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), Ultrasound, Diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Special Studies and Diagnostic and Treatment Considerations, Page 557-559, 561-563 and Official Disability Guidelines (ODG), Shoulder Chapter, Ultrasound, Diagnostic.

**Decision rationale:** As stated on pages 557-563 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. However, ultrasonography for evaluation of rotator cuff is not recommended per California MTUS. In addition, Official Disability Guidelines states that ultrasound of the shoulder in clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either

MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. In this case, the ultrasound of the right shoulder was prescribed for the right shoulder pain. The patient has undergone right shoulder arthroscopy subacromial decompression with rotator cuff repair (6/1/12). However, the most recent clinical evaluation does not document subjective and objective findings that would suggest new onset right shoulder pathology. Shoulder MRI was already obtained. The medical necessity for further investigation with ultrasound was not established. Therefore, the request for ultrasound of the right shoulder is not medically necessary.