

Case Number:	CM14-0105822		
Date Assigned:	07/30/2014	Date of Injury:	06/08/2009
Decision Date:	09/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 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 54-year-old female who reported an injury on 08/08/2009, due to heavy lifting. The injured worker's diagnoses were impingement syndrome of the right shoulder; rotator cuff tendinosis; tendonitis tear, right shoulder; chronic partial posterior subluxation of the right shoulder; partial adhesive capsulitis (frozen shoulder) of the right shoulder; and massive tear of the right shoulder status post repair. The injured worker's prior treatments were electric stimulation therapy, therapeutic exercises, and medications. The injured worker's past diagnostics include x-ray of the right shoulder on 09/25/2007 that showed no fracture. An MRI on 01/23/2010 of the right shoulder that revealed a massive tear of the rotator cuff with a complete tear of the supraspinatus tendon and a full-thickness tear of the superior subscapularis and infraspinatus tendon. On 06/25/2012 an MRI of the left shoulder revealed severe tendinosis and supraspinatus tendon with no apparent full-thickness tear measuring approximately 1.9 cm by 1.9 cm. On 06/25/2012 a MRI of the left shoulder revealed a large full-thickness re-tear of the supraspinatus tendon, with proximal retraction measuring approximately 3.4 cm, involving essentially the entire width of the supraspinatus tendon, and extending into the aspect of the infraspinatus tendon. There was moderate to severe atrophy of the supraspinatus and infraspinatus muscle. There were moderate degenerative changes of the acromioclavicular joint, with associated reactive edema at the distal clavicle and within the acromion, as well as the acromiale is noted. There were no notations of the injured worker's medication submitted with documentation. The injured worker's surgical history included surgery of the right shoulder for rotator cuff repair on 05/04/2010 and 10/30/2012 as well as left shoulder for rotator cuff repair on 05/16/2013. The injured worker complained of continued pain to the shoulder, stiffness, swelling, limited motion, and pain with motion of the shoulder. On physical examination dated 06/23/2014, to the right shoulder there was tenderness over the AC joint, mid arc sign is positive,

the subluxation test is positive, and crepitus is noted. The left shoulder examination, there was tenderness to palpation over the anterior lateral border of the acromion, over the long head of the biceps, over the supraspinatus, and over the upper trapezius. There was a lack of objective findings supportive of occipital neuralgia and there was a lack of subjective complaints of cervicogenic headaches. The provider's treatment plan was for the request of physical therapy on the right shoulder to increase flexibility, range of motion, and strength. The request included modalities and therapeutic exercises 3 times a week for 4 weeks; a request for pain management; a request for injection to the right shoulder; and MRI of the left shoulder, possible re-tear. The requested treatment plan is for trigger point injections, neck and shoulder bilateral occipital nerve block. The rationale for the request of the occipital nerve blocks to right and left was not submitted with documentation nor was the Request for Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection neck/shoulder: 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 injection Page(s): 122.

Decision rationale: The request for trigger point injections of the neck and shoulder is not medically necessary. According to California MTUS guidelines, trigger point injections are recommended only for myofascial pain syndrome and not recommended for radicular pain. The trigger point injections with local anesthetics may be recommended for treatment of chronic back pain or neck pain with myofascial pain syndrome trigger points with evidence upon palpation of a twitch response. As well as referred pain symptoms that have persisted for more than 3 months and medication management therapy, such as ongoing stretching exercise, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants that have failed to control pain must be documented. Additionally, the guidelines say no more than 3 to 4 injections are recommended per session. The injured worker's continued complaints were continued pain, pain to the shoulders, stiffness, swelling, and painful and limited range of motion to the shoulder. The physical examination notes documented that there was severe tenderness over the AC-joint; tender spasms over the shoulder; and left shoulder tenderness to palpation over the anterior lateral border of the acromion and over the long head of the biceps. However, there was no documentation in the most recent physical examination of circumscribed trigger points with evidence of twitch response or referred pain. The injured worker was shown to have neck and shoulder pain for more than 3 months. Details were not provided with conservative care, including the injured worker failing management of therapies, such as stretching exercise, physical therapies and muscle relaxants. Moreover, the documentation did not indicate the number of trigger point injections that were being requested. Therefore, in the absence of detail regarding conservative treatment, significant findings on physical examination, and a specific number of injections recommended, the request is not supported. Therefore, the request for trigger point injections is not medically necessary.

Right occipital nerve block #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Greater occipital nerve block.

Decision rationale: The request for right occipital nerve block #1 is not medically necessary. The Official Disability Guidelines (ODG) state that occipital nerve blocks are under study for the use of treatment of primary headaches and that occipital nerve blocks for treatment of migraine shows conflicting results. The injured worker's information that was submitted for review do indicate diagnoses of shoulder pain, stiffness, swelling, and limited range of motion of the shoulder, and pain with motion of the shoulder. However, there was no documented evidence subjectively or objectively for headaches or migraines. Therefore the request for right occipital nerve block #1 is not medically necessary.

Left Occipital nerve block #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Greater occipital nerve block.

Decision rationale: The request for right occipital nerve block #1 is not medically necessary. The Official Disability Guidelines (ODG) state that occipital nerve blocks are under study for the use of treatment of primary headaches and that occipital nerve blocks for treatment of migraine shows conflicting results. The injured worker's information that was submitted for review do indicate diagnoses of shoulder pain, stiffness, swelling, and limited range of motion of the shoulder, and pain with motion of the shoulder. However, there was no documented evidence subjectively or objectively for headaches or migraines. Therefore the request for right occipital nerve block #1 is not medically necessary.