

Case Number:	CM14-0108478		
Date Assigned:	09/16/2014	Date of Injury:	12/12/2012
Decision Date:	10/21/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/13/2014

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 has a subspecialty in Pain Medicine 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 records, presented for review, indicate that this 28-year-old female was reportedly injured on December 12, 2012. The mechanism of injury was noted as restraining a patient. The most recent progress note, dated June 10, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated tenderness over the left trapezius and decreased cervical spine range of motion. There were full range of motion of the left shoulder and a negative Neer's test and Hawkins test. Diagnostic imaging studies of the cervical spine, dated February 11, 2014, indicated decreased cervical lordosis due to positioning or spasm, but was otherwise normal. Previous treatment included oral medications. A request had been made for an MRI of the cervical spine and trigger point injections of the left cervical spine paraspinal muscles and periscapular muscles and was denied in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically cited).

Decision rationale: According to the American College of Occupational and Environmental Medicine, an MRI the cervical spine is only indicated for spinal trauma or neurological deficits. A review of the attach medical record indicated that the injured employee has not had trauma to the cervical spine and has a normal neurological examination. Additionally, a CT of the cervical spine was essentially normal. As such, this request for an MRI the cervical spine is not medically necessary.

(L) Trigger Point Injections (Three Times Or More Muscles) (Paraspinous and Periscapular Muscles): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Treatment Guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Considering this, the request for trigger point injections of the paraspinous and periscapular muscles is not medically necessary.