

<b>Case Number:</b>	CM14-0010841		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/21/2001
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Texas. 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 51 year old female whose date of injury is 04/21/2001. The injured worker was working as a detention officer and got in a fight with an inmate. She retired from work in 2003. Treatment to date is noted to include physical therapy and epidural steroid injection. Cervical MRI dated 07/17/13 revealed mild cervical spondylosis with bulging discs C3-4 greater than C2-3 but no significant canal stenosis; and mild foraminal stenosis. Pain management consultation dated 08/08/13 indicates that the injured worker has undergone shoulder injections, but the most recent was approximately 8 years ago. Diagnoses are cervical spondylosis, cervical degenerative disc disease, cervical radiculitis, lumbar radiculitis, and lumbosacral spondylosis. Note dated 12/19/13 indicates that there is no tenderness to the trapezius and no trigger point pain. Progress report dated 01/04/14 indicates that there is tenderness at the trapezius. Progress report dated 02/13/14 indicates that there is increased neck pain radiating to the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTION RIGHT SHOULDER QUANTITY ONE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid injections

**Decision rationale:** Based on the clinical information provided, the request for injection right shoulder quantity one is not recommended as medically necessary. There is no indication that the injured worker has undergone any recent active treatment. The injured worker has reportedly undergone previous shoulder injections; however, the injured worker's objective functional response to this treatment is not documented to establish efficacy of treatment as required by the Official Disability Guidelines. The request is not medically necessary and appropriate.

**INJECTION MF TRIGGER POINT RIGHT TRAPEZLUS QUANTITY ONE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 121 Page(s): 12.

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

**Decision rationale:** Based on the clinical information provided, the request for injection MF trigger point right trapezius quantity one is not recommended as medically necessary. The submitted records fail to provide documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by CA MTUS guidelines. There is no indication that the injured worker has undergone any recent active treatment. The request is not medically necessary and appropriate.