

Case Number:	CM14-0024528		
Date Assigned:	06/11/2014	Date of Injury:	10/29/2012
Decision Date:	08/06/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Interventional Spine 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 a 34-year-old female with date of injury of 10/29/2012. The listed diagnoses per [REDACTED] dated 01/21/2014 are: Cervicalgia; Tendinitis of the shoulder; Radiculopathy, cervical; Pain myalgias/myositis. According to this report, the patient complains of pain in the neck. The pain radiates to the right shoulder. She denies neurological symptoms. She states that the pain has stayed about the same since her last visit. The patient denies any new symptoms. She rates her pain 7/10 which is made worse with physical activity. The patient states her medications stayed the same and denies any side effects. The physical exam shows the patient is alert and oriented. Motor exam is 5/5 in all muscle groups tested. Sensory is grossly intact to light touch. Reflexes are symmetrical bilaterally. Straight leg raise is negative bilaterally. Palpation over the right shoulder does produce pain symptoms. Her gait is normal. The range of motion is normal in the right shoulder. The utilization review denied the request on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS TO THE RIGHT TRAPEZIUS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25, 26.

Decision rationale: This patient presents with neck and shoulder pain. The treater is requesting a Botox injection to the right trapezius. The MTUS guidelines have the following regarding botox: Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. See more details below. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. This patient does not present with cervical dystonia. MTUS does not support botox injections for neck pain; myofascial pain, trigger point injections. Recommendation is that the request is not medically necessary.

MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following:(<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>).

Decision rationale: This patient presents with neck and right shoulder pain. The treater is requesting MRI of the right shoulder. The ACOEM Guidelines page 207 to 208 states that routine testing and more specialized imaging studies are not recommended during the first months to 6 weeks of activity limitation due to shoulder symptoms except when red flag is noted on history examination which raises suspicion of a serious shoulder condition or referred pain. The criteria used in ordering imaging studies are: Emergence of a red flag; physiologic evidence of tissue insult or neurovascular dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure. In addition, ODG states that magnetic resonance of the shoulder and specifically of the rotator cuff is mostly commonly used where many manifestations of a normal and an abnormal cuff can be demonstrated. The records show an MRI dated 12/11/2012 showing mild supraspinatus and infraspinatus tendinitis with some minimal intrasubstance delamination and minimal partial thickness tears distally. In this case, the patient does not report new symptoms or injuries and the physical exam does not show any red flag or physiologic evidence of tissue insult that would warrant an updated MRI for the right shoulder. Recommendation is that the request is not medically necessary.

