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| Case Number: | CM14-0034544 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 09/29/2012 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 Orthopedic Surgery, 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 32-year-old female who was reportedly injured on September 29, 2012. The mechanism of injury is a slip and fall. The most recent progress note dated January 31, 2014, indicates there are ongoing complaints of neck pain as well as pain in the right shoulder, right wrist, right hand, and right arm. Current medications were stated to include Tramadol, Naproxen, and Omeprazole. The physical examination demonstrated decreased cervical spine range of motion and tenderness over the right-sided paracervical muscles. There was a negative Spurling's test. Examination of the right shoulder showed full active range of motion and tenderness over the anterior aspect there was a negative Hawkins test, a negative drop arm test, a negative Yergenson's test, and a negative cross arm test. There was slightly decreased sensation in the right C6 and C7 dermatomes. Trigger point injections and an MRI of the cervical spine were recommended. Tramadol and Naproxen were prescribed. The use of Transcutaneous Electrical Nerve Stimulation (TENS) unit was requested. A request was made for Naproxen and an MRI of the cervical spine and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to Right Superior Trapezius: 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 Chronic Pain Page(s): p 122.

Decision rationale: While the medical record states that performing trigger point injections will enable the injured employee to participate more fully in physical therapy requirement for trigger point injections is that there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Furthermore it must be established that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Additionally no radiculopathy should be present. According to the attached medical record there is no proper identification of trigger points, failure of primary treatment methods, or an absence of radiculopathy. For these reasons, this request for trigger point injections is not medically necessary.

MRI of the Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web 2013 "neck, upper back" - Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, Chronic Pain Treatment Guidelines ACOEM 2004 OMPG Neck/Upper back, Page(s): chapter 8. 165.

Decision rationale: While the previous utilization management review dated March 7, 2014 states that an MRI of the cervical spine should not be ordered in the absence of radiculopathy. The progress note dated January 31, 2014, states that the injured employee complains of radicular symptoms to the right upper extremity and decreased sensation was noted in the right C6 and C7 dermatomes. This request for an MRI of the cervical spine is medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 67 of 127.

Decision rationale: In the appeal for Naproxen and MRI the cervical spine dated March 31, 2014, it was noted that the injured employee symptoms were improved with Tramadol and that a non-steroidal anti-inflammatory medication (NSAID) such as Naproxen is the first line treatment. However the treatment note dated January 31, 2014, concurrently still prescribes both Tramadol and Naproxen. It is unclear why both these medications are still prescribed. This request for Naproxen is not medically necessary at this time.