

Case Number:	CM14-0061448		
Date Assigned:	07/09/2014	Date of Injury:	02/15/2002
Decision Date:	10/30/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 47 year old female presenting with chronic pain following a work related injury on 02/15/2002. The claimant complained of right shoulder, neck and low back pain. The pain is an 8/10 with medications. The medications include Imitrex, Norco, Lunesta, Baclofen, Prilosec, and Piroxicam. The physical exam showed cervical tenderness with decreased range of motion; right shoulder tenderness at the subacromial space, tenderness at the bicipital groove, pain with resisted abduction/resisted biceps flexion, decreased abduction/shoulder flexion and pain with shoulder flexion, lumbar spine is tender at the facet joint with decreased range of motion. The claimant was diagnosed with myofascial pain syndrome, impingement and inflammation of the shoulder joint. The claimant previously had trigger point injections and intrarticular injections with positive response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (+6 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 84.

Decision rationale: Trigger point injections (+6 visits) is not medically necessary. Per Ca MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the neck where the injection is to be performed; therefore the requested service is not medically necessary.

Right shoulder Cortisone injections: Upheld

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

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

Decision rationale: Right shoulder Cortisone injection is not medically necessary. CA MTUS guidelines references ODG and states that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e. strengthening exercises and nonsteroidal anti-inflammatory drugs for two to three weeks. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The guidelines recommend at least 2-3 weeks of conservative therapy prior to attempting steroid injections of the shoulder. The medical records lack documentation of the number of steroid injections to the right shoulder as well as quantified results with previous injections. There is also lack of documentation of failed conservative therapy; therefore, the requested service is not medically necessary.