

Case Number:	CM14-0083328		
Date Assigned:	07/21/2014	Date of Injury:	01/20/2009
Decision Date:	09/23/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation 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 the injured worker is 51 year old female injured on 01/20/99 due to a patient falling on her, while attempting to stop the patient from falling to the floor. The most recent clinical note by treating physician dated 06/20/14, indicate the injured worker continues with complaints of neck pain and shoulder pain. The pain in the right neck radiates down the right lateral side. Pain level intensifies to 9/10 on the visual analog scale and worsens with activity. The injured worker states pain is better with medications. The injured worker complains of numbness and tingling to right hand, and headaches. Impression of MRI of the cervical spine dated 02/04/14, shows right paracentral disc ridge at C6-C7 and with associated right facet arthrosis, causing narrowing of right neural foramina without nerve root impingement. The injured worker also complains of right shoulder pain. Physical therapy was ordered for right shoulder. Diagnoses include depression, headaches, insomnia, cervicgia, brachial neuritis or radiculitis, facet syndrome, and rotator cuff syndrome. Physical exam of head and neck yielded tenderness of cervical facets, tenderness to palpation of cervical paraspinal musculature, positive Spurling's sign, right neck pain only. Sensation decreased in C6 and C7 dermatome on the right. Current medications include aspirin 81mg, Norco 10/325, MS Contin 15mg every 12 hours, and Lidoderm 5% patch. The prior utilization review dated 05/19/14, deemed the request for trigger point 3, quantity 3 right bicipital tendon and right shoulder injection not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point 3, quantity 3, right bicipital tendon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to CA MTUS, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. There is little to no documentation of a detailed examination establishing active trigger points are present. The medical records do not document circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, there is no indication that symptoms have persisted for more than three months, and have not been response to medical therapies such as ongoing stretching exercises, physical therapy, judicious use of NSAIDs and muscle relaxants. Therefore, the medical necessity for trigger point injection has not been established.

Right Shoulder Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per guidelines, the criteria for shoulder steroid injections include diagnosis of adhesive capsulitis or impingement syndrome, with pain interfering with functional activities that has not been adequately controlled by conservative management. In this case, there is no documentation of adequate conservative treatments such as physical therapy, NSAIDs, etc. Therefore, the request is considered not medically necessary per guidelines and based on the available clinical information.