

<b>Case Number:</b>	CM14-0084785		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/07/1983
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 65 year old female who sustained injuries to her neck and low back on 10/07/83 due to cumulative trauma. Clinical note dated 05/16/14 reported that the injured worker continued to complain of pain with numbness and tingling of the right upper extremity. Current medications included Dilaudid, Zofran, Norco and, Ultram, Restoril, Flector patch, and Prilosec. Physical examination noted tenderness to palpation at right upper trapezius, right levator, and right paravertebral musculature; trigger points in right upper trapezius, decreased range of motion with increased pain in all planes; positive right Spurling sign; numbness and tingling to the right upper extremity/hand; lumbar spine tenderness to palpation at paravertebral musculature, lumbosacral junction, bilateral sciatic notch with associated muscle spasm; guarding; decreased range of motion with increased pain in all planes; positive straight leg raise test bilaterally; numbness and tingling in bilateral foot and decreased sensation along L5-S1 dermatome bilaterally. The injured worker was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter.

**Decision rationale:** Documentation notes that there was an absence of a red flag, no signs of tissue insult or neurological dysfunction, no documented evidence of a strengthening program intended to avoid surgery, no evidence of any conservative treatment for three months except for medications; which are all guideline requirements. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention is anticipated that would warrant an MRI of the cervical spine. Given this, the request is not indicated as medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The previous request was denied on the basis that there was no documented evidence of at least one month of conservative treatment including nonsteroidal anti-inflammatory drugs (NSAIDs), aerobic exercise, other exercise, considerations for manipulation and acupuncture, no suspicion of cancer, infection, or other red flags, and evidence based guidelines recommendations. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical procedure was anticipated. Given this, the request is not indicated as medically necessary.

**Right Upper Trap Trigger Point Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, p Page(s): 122.

**Decision rationale:** The previous request was denied on the basis that the guidelines did not recommend trigger point injections when radiculopathy is present. In addition, there was no documented evidence of ongoing stretching exercises or physical therapy to help control pain. Furthermore, invasive techniques such as trigger point injections have no proven benefit treating acute neck and upper back symptoms. The MTUS Guidelines state that there must be documentation of circumscribed trigger points with evidence upon palpation of twitch response and referred pain. There were no taut muscle bands, jump signs, or twitch responses indicated on physical examination. Given this, the request is not indicated as medically necessary.