

<b>Case Number:</b>	CM15-0104096		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/26/2008
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 50-year-old male who sustained an industrial injury on 2/26/08. The injured worker was diagnosed as having chronic low back pain, chronic neck pain, prior industrial injury of the low back from 2001, prior history of bilateral arthroscopic surgery (1990's) and bilateral carpal tunnel release. Currently, the injured worker was with complaints of neck and low back pain. Previous treatments included medication management, transcutaneous electrical nerve stimulation unit, chiropractic treatments and an H-wave unit. Previous diagnostic studies included magnetic resonance imaging of the cervical spine and an electromyography. The plan of care was for a MR Arthrogram of the left shoulder, medication prescriptions and trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MR Arthrogram of the left shoulder:** Upheld

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

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

**Decision rationale:** Outpatient MR Arthrogram of the left shoulder is not medically necessary per the ODG. The MTUS Guidelines do not address this issue. The ODG recommends arthrogram as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. The ODG states that MRI is not as good for labral tears. The ODG states that even with a normal MRI, a labral tear may be present in a small percentage of patients. The ODG states that if there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended. The documentation is not clear on the rationale for the left shoulder MR Arthrogram. The documentation is not clear on whether the patient has had a prior left shoulder MRI. Without clarification of this information, the request for an outpatient MR Arthrogram of the shoulder is not medically necessary.

**Pharmacy purchase of Botox 300 units for migraine headaches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head- Botulinum toxin for chronic migraine.

**Decision rationale:** Pharmacy purchase of Botox 300 units for migraine headaches is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS states that Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The ODG states that the criteria for botulinum toxin (Botox) for prevention of chronic migraine headaches includes that an initial 12-week trial if all of the following are met including a diagnoses of chronic migraine headache; & more than 15 days per month with headaches lasting 4 hours a day or longer; not responded to at least three prior first-line migraine headache prophylaxis medications. The MTUS does not support Botox for migraine headaches and the documentation is additionally not clear that the patient has fulfilled the ODG criteria for Botox for chronic headaches. The request for Botox for migraine headaches is not medically necessary.

**In-office trigger point injections (TPIs) times two (2) in the left trapezius:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Trigger point injections.

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

**Decision rationale:** In-office trigger point injections (TPIs) times two (2) in the left trapezius is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for trigger point injections is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Furthermore, the 12/29/14 document physical exam findings suggest cervical radicular symptoms and trigger point injections are not indicated in the presence of radiculopathy. The request for in office trigger point injections is not medically necessary.