

Case Number:	CM15-0194424		
Date Assigned:	10/08/2015	Date of Injury:	01/27/2007
Decision Date:	11/20/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 1-27-07. The injured worker was diagnosed as having cervical pain; cervical radiculopathy; cervical sprain-strain; right shoulder impingement syndrome; bilateral shoulder pain; right elbow pain; right wrist pain; carpal tunnel syndrome; lesion of ulnar nerve cubital nerve syndrome; tardy ulnar nerve palsy. Treatment to date has included physical therapy; chiropractic therapy; urine drug screening; medications. Diagnostics studies included MRI cervical spine (2-28-15); MRI right shoulder (2-28-13). Currently, the PR-2 notes dated 8-4-15 the provider documents "The patient complains of constant severe to 8 out of 10 achy, stabbing neck pain and heaviness radiating to bilateral arms and fingers with numbness, tingling and weakness, aggravated by repetitive movement; relief from medications and rest. The patient complains of constant moderate to 7 out of 10 sharp right shoulder pain radiating to bilateral arms with numbness, tingling and weakness, aggravated by repetitive movement; relief from medications and rest. The patient complains of severe to 8 out of 10 achy, sharp, stabbing, throbbing, burning left shoulder pain radiating to the left shoulder, associated with cold weather, repetitive movement; relief from medications and rest. The patient complains of constant moderate to 7 out of 10 sharp right elbow pain radiating to right arm and fingers with numbness, tingling, and weakness, aggravated by repetitive movement; relief from medications and rest. The patient complains of constant moderate to 7 out of 10 achy right wrist pain radiating to right arm with numbness, tingling and weakness, aggravated by repetitive movement; relief from medications and rest." On physical examination, the provider documents "patient states her neck pain since the last visit actually has increased in severity. Patient is quite frustrated with ongoing symptomology. The ranges of

motion were painful. Cervical Compression causes pain. Foraminal compression causes pain on the right. Supraspinatus Press causes pain; shoulder apprehension causes pain. Left shoulder ranges of motion are painful. The right elbow ranges of motion are painful. The right wrist ranges of motion are painful." There were no diagnostic findings submitted for review. The provider's treatment plan includes a refill on medications, a request for urine toxicology, trigger point injections to treat the cervical spine and authorization for pain management due to ongoing cervical spine pain failed to respond to conservative treatment. A Request for Authorization is dated 10-2-15. A Utilization Review letter is dated 9-2-15 and non-certification for Pain Management Specialist Consult for The Cervical Spine and modified the certification for Orthopedic Evaluation for Treatment of The Cervical with Trigger Point Injections to allow the Orthopedic Evaluation for Consultation only. A request for authorization has been received for Orthopedic Evaluation for Treatment of The Cervical with Trigger Point Injections and Pain Management Specialist Consult for The Cervical Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Evaluation for Treatment of The Cervical with Trigger Point Injections:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient was injured on 01/27/07 and presents with pain in her cervical spine, right/left shoulder, right elbow, and right wrist. The request is for Orthopedic Evaluation for Treatment of The Cervical with Trigger Point Injections. There is no RFA provided and the patient is working with restrictions. MTUS/ACOEM, 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient is diagnosed with cervical pain; cervical radiculopathy; cervical sprain-strain; right shoulder impingement syndrome; bilateral shoulder pain; right elbow pain; right wrist pain; carpal tunnel syndrome; lesion of ulnar nerve cubital nerve syndrome; tardy ulnar nerve palsy. Treatment to date includes physical therapy; chiropractic therapy; urine drug screening; medications. Given the patient's continued pain and diagnosis, orthopedic evaluation would appear reasonable to further evaluate and manage the patient's condition. However, treater has not provided medical rationale, nor discussed what levels these injections will be administered with the evaluation. Furthermore, there is no documentation of circumscribed trigger points upon palpation with referred pain. This request as written cannot be substantiated. Given the lack of documentation, this request is not medically necessary.

Pain Management Specialist Consult for The Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ACOEM Chapter 7, page 127.

Decision rationale: The patient was injured on 01/27/07 and presents with pain in her cervical spine, right/left shoulder, right elbow, and right wrist. The request is for a Pain Management Specialist Consult for The Cervical Spine due to ongoing cervical spine pain and failed to respond to conservative treatment. The utilization review rationale is that "consult with an orthopedic surgeon is approved." There is no RFA provided and the patient is working with restrictions. MTUS/ACOEM, 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient is diagnosed with cervical pain; cervical radiculopathy; cervical sprain-strain; right shoulder impingement syndrome; bilateral shoulder pain; right elbow pain; right wrist pain; carpal tunnel syndrome; lesion of ulnar nerve cubital nerve syndrome; tardy ulnar nerve palsy. Treatment to date includes physical therapy; chiropractic therapy; urine drug screening; medications. As of 08/04/15, the patient is taking Tramadol and Naproxen. Given the patient's continued pain and diagnosis, a pain management consultation appears reasonable. Therefore, the request is medically necessary.