

<b>Case Number:</b>	CM15-0201637		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female with an industrial injury dated 01-30-2013. A review of the medical records indicates that the injured worker is undergoing treatment for pain in shoulder joint, cervicalgia, brachial neuritis or radiculitis, brachial plexus lesions, carpal tunnel syndrome and other infections of the shoulder region. In progress report dated 06-18-2015, the injured worker reported a 7 out of 10 thoracic spine pain. The injured worker reported that the pain is worse by lifting, movement, turning side to side, pulling and pushing. The pain is improved with medications and resting. Physical exam for thoracic spine was not included in report (06-18-2015, 07-17-2015, 08-17-2015). According to the most recent progress note dated 08-17-2015, the injured worker reported pain in the cervical spine and right upper extremity. Pain level was 7 out of 10 on a visual analog scale (VAS). Objective findings (08-17-2015) revealed right shoulder range of motion is 0 to 180 degrees in abduction and flexion without evidence of impingement or limitation with internal rotation 70 degrees and external rotation 90 degrees bilaterally. Treatment has included X-rays, nerve conduction studies, ulnar nerve transposition, heat and ice therapy, physical therapy, prescribed medications, and periodic follow up visits. On 7/15/15 the patient had negative impingement sign, drop arm sign and apprehension sign for bilateral shoulder. There were no radiographic imaging reports pertaining to right shoulder included for review. The patient had received an unspecified number of PT visits for this injury. The patient has had MRI of the cervical spine on 10/12/15 that revealed degenerative changes; EMG of the upper extremity on 4/15/13 that revealed brachial plexus injury; X-ray of right shoulder in 7/25/2002 that was normal. The patient sustained the injury due to cumulative trauma. The medication list include Tramadol, ibuprofen, Neurontin and Duexis. The patient had a normal gastrointestinal tract examination on 6/18/15.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the right shoulder without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/26/15)Magnetic resonance imaging (MRI).

**Decision rationale:** Request: MRI of the right shoulder without contrast. According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." Indications that would require a shoulder MRI were not specified in the records provided. On 7/15/15, the patient had negative impingement sign, drop arm sign and apprehension sign for bilateral shoulder. The patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. The patient has received an unspecified number of PT visits for this injury. The detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent shoulder X-ray report is not specified in the records provided. The medical necessity of the request for MRI of the right shoulder without contrast is not fully established in this patient.

**1 trigger point injections to thoracic spine as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** 1 trigger point injections to thoracic spine as outpatient. MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (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; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." The records provided did not specify the indications for trigger point injections listed above. The records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The patient has received an unspecified number of the PT visits for this injury until date. A detailed response to previous conservative therapy was not specified in the records provided. Evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The medical necessity of the request for trigger point injections to thoracic spine as outpatient is not fully established in this patient.