

Case Number:	CM15-0023422		
Date Assigned:	02/13/2015	Date of Injury:	01/15/2013
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

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

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 34-year-old male who reported an injury on 01/15/2013. The mechanism of injury was the injured worker was off loading a 600 pound spray machine with the assistance of a coworker and the load shifted, exerting force on his right side, and the injured worker felt a pop in his right shoulder and fell on the pavement, hitting his right knee. Prior therapies included aquatic therapy, chiropractic care, acupuncture, physical therapy, and chiropractic care and shoulder surgery. The documentation indicated the injured worker was utilizing Prilosec 20 mg once a day to help with GI upset as of 07/31/2014. The injured worker underwent electrodiagnostic studies on 07/24/2014. The injured worker underwent an MRI of the shoulder on 12/30/2013. The injured worker underwent a CT scan of the cervical spine without contrast on 09/02/2014. The documentation of 12/01/2014 revealed the injured worker had bilateral trigger point injections on 10/06/2014 and reported significant pain relief for 1 week. The treatments per the physician documentation included 25 sessions of chiropractic physiotherapy with minimal pain relief, physical therapy 3 times a week, 2 sessions of acupuncture with no benefit, 2 right intralaminar epidural steroid injections at L5 on 02/11/2014 with minimal pain relief, and 04/15/2014 with exacerbated pain. The injured worker additionally had 2 trigger point injections with significant relief. The current complaints were a burning pain in the right side of his neck radiating to the right shoulder and the injured worker indicated the pain radiated into the right shoulder blade. The injured worker had pain in his neck and a stabbing, burning pain in the low back radiating to the right hip and down to the ankle. The injured worker indicated if he did not wear knee braces he experienced pain in the kneecap specifically. The

injured worker's medications included Tylenol No. 3 four times a day and Flexeril 7.5 mg at night. The documentation indicated the injured worker utilized Norflex ER previously, which was discontinued due to a lack of efficacy. The injured worker tried tramadol in the past and was requesting a stronger medication. The physical examination revealed bilateral paraspinal tenderness and spasm in the cervical, thoracic, and lumbar spine. The injured worker had decreased range of motion in the cervical and lumbar spine in all planes limited by pain. The injured worker had decreased right C5, C6, and C7 dermatomes to pinprick and light touch, and 4/5 right deltoid, biceps, internal rotation, external rotation, wrist extensors, wrist flexors, triceps, interossei, finger flexors, and finger extensors, and 4+/5 left deltoid, biceps, internal rotation, external rotation, wrist extensors, wrist flexors, triceps, interossei, finger flexors and finger extensor strength. The injured worker had hyporeflexic bilateral biceps, brachioradialis, and triceps that were equal. The injured worker had decreased L4, L5, and S1 dermatomes to pinprick and light touch. The injured worker had 4+/5 strength in the left psoas, quadriceps, hamstrings, tibialis anterior, EHL, inversion, plantarflexion, and eversion. The injured worker had 4/5 right strength in the same muscle groups. The injured worker had hyporeflexic bilateral patellar and Achilles reflexes. Straight leg raise on the right elicited pain to the calf. The documentation indicated the injured worker underwent a CT scan of the cervical spine, MRI of the lumbar spine, MRI of the right shoulder, MRI of the right knee, and MRI of the cervical spine. The injured worker underwent an EMG/NCV. The diagnoses included HNP of the lumbar spine, lumbar radiculopathy, sprain and strain of the cervical spine, right knee, shoulder, and wrist arthralgia, and cervical and lumbar myofascial pain. The treatment plan included gabapentin 600 mg by mouth at bedtime for 1 week, and then twice a day #60, and Prilosec 20 mg by mouth daily as needed #60. Additionally, the request was made for a repeat trigger point injection and follow-up for further evaluation and medication refill at that time. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injections, 2 muscle groups: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the injured worker had previously undergone trigger point injections. However, the location for the trigger point injections was not provided. There was a lack of documentation of greater than 50% pain relief for 6 weeks and documentation of objective functional improvement from the injections. Additionally, the injured worker had radicular findings and trigger point injections are not recommended for radiculopathy. Given the above and the lack of documentation, the request for cervical trigger point injections, 2 muscle groups is not medically necessary.

Omeprazole 20mg #60 (Dispensed by MD): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia. The clinical documentation submitted for review failed to indicate the injured worker had dyspepsia. The injured worker had previously utilized the medication. The efficacy was not provided. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #60 (dispensed by MD) is not medically necessary. The rationale for the use of Prilosec was not noted.

Follow-up 4 weeks: Upheld

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

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

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based on the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker should follow-up with the Spine Center; however, there was a lack of documentation indicating the injured worker could not be followed by his primary care physician, as the injured worker's medications were noted to include Neurontin. There were no objective findings to support the necessity for a spine specialist. The request as submitted failed to indicate the specialist that was to be followed up with. Given the above, the request for follow-up 4 weeks is not medically necessary.