MAXIMUS Federal Services

Case Number:	CM15-0087227		
Date Assigned:	05/11/2015	Date of Injury:	06/28/2011
Decision Date:	06/26/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/06/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 06/28/2011. She reported injury involving her wrists, arms, shoulder and back. Treatment to date has included chiropractic care, TENS unit, electro massage, deep massage, acupuncture, physical therapy, MRI of the lumbar spine, lumbar epidural steroid injection, left shoulder surgery and medications. According to a progress report dated 04/17/2015, the injured worker reported 70% pain reduction in her low back and legs following an interlaminar epidural injection on 02/06/2015. She described the pain in her low back as frequent versus constant, dull versus sharp and averaged 3-4 versus 7-8 on a scale of 1-10. The pain did not radiate to her hips or behind her legs any more. She was working full-time. She was able to sit and walk longer with no pain. The injured worker reported that her shoulder became the biggest issue after the low back pain had subsided. Pain was constant, dull and deep and increased with movement. Neck pain remained the same with an average pain level of 7. Pain radiated to her arms, left greater than right. She reported numbness or tingling in her hands and thumbs right greater than left. It woke her up at night. Diagnoses include chronic pain syndrome, lumbar facet joint syndrome, lumbar degenerative disc disease, lumbar spinal stenosis, cervical degenerative disc disease, cervical disc bulge, status post left shoulder arthroscopic surgery and first CMC (carpal-metacarpal) arthritis. Treatment plan included MRI of the cervical spine (denied), electrodiagnostic testing of the bilateral upper extremities (denied), home exercise program, Naproxen, MRI of the left shoulder, trigger point injections, steroid injections into the right and left CMC (carpal-metacarpal joint) and follow up in one month. Currently under review is the request for left

shoulder MRI, right and left carpal-metacarpal joint steroid injection and cervical spine trigger point injections quantity 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder MRI (magnetic resonance imaging): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. The provided documents indicate that prior surgery occurred in this case, but the recent records lack of evidence of clinical changes or concern for development of new objective findings that clearly warrant MRI without plain films and conservative workup. Therefore, while future imaging may be indicated, the request for MRI of the shoulder is not medically necessary at this time.

Right CMC (Carpal-MetaCarpal) Joint Steroid injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Cochrane Review.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist and hand, trigger finger.

Decision rationale: According to the ODG, there is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger, and it should be considered as a first-line therapy in non-diabetic patients. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are usually sufficient to cure symptoms and restore function. The treatment of trigger fingers with a local injection of steroids is a simple and safe procedure but the risk of recurrence in the first year is considerable. In this case, the patient is noted to have triggering bilaterally, and the request for injection is considered medically appropriate per the guidelines.

Left CMC (Carpal-MetaCarpal) Steroid Joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Cochrane Review.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist and hand, trigger finger.

Decision rationale: According to the ODG, there is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger, and it should be considered as a first-line therapy in non-diabetic patients. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are usually sufficient to cure symptoms and restore function. The treatment of trigger fingers with a local injection of steroids is a simple and safe procedure but the risk of recurrence in the first year is considerable. In this case, the patient is noted to have triggering bilaterally, and the request for injection is considered medically appropriate per the guidelines.

Cervical Spine Trigger Point Injections, Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Trigger point injections.

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

Decision rationale: The MTUS guidelines only recommend trigger point injections for myofascial pain that is non-radicular in nature and under recognition of limited lasting value when all of the following criteria are met: (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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. With no evidence of referred pain on the provided documentation, the requirements of the guidelines are not met, and therefore the treatment cannot be considered medically necessary without further documented clarification.