

Case Number:	CM14-0166995		
Date Assigned:	10/30/2014	Date of Injury:	03/05/2002
Decision Date:	12/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year old male who had a work injury dated 3/5/02. The diagnoses include lumbago, cervicalgia, and pain in the shoulder joint region. Under consideration are requests for MRI of the right shoulder and Botox 200 units' neck and right scapular region. There is a 9/18/14 progress note that states that the patient comes in to have his right shoulder x ray reviewed. The shoulder x-ray revealed no evidence of recent injury. The articulating margins and surrounding soft tissues are unremarkable. A physical exam is not performed. The treatment plan states that since the x ray of the right shoulder was unremarkable yet he still has symptoms referred to the right upper extremity, he will need an MRI of the right shoulder and that he will need Botox injections in the neck and right scapular region. Per documentation there is a progress report dated 08/07 /14 that states that the patient had good relief of neck and shoulder pain with previous trigger point injections. The physical exam findings in this progress report reveal limited range of motion of the right shoulder, trigger points in the bilateral superior trapezius and cervical paraspinal muscles, strength is 5/5 and reflexes is 2/4 in the upper extremities.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- Magnetic resonance imaging (MRI)

Decision rationale: MRI of the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The ACOEM MTUS Criteria state that the primary 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). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation indicates that the patient has normal plain radiographs, is over 40, however the physical exam findings do not reveal a red flag condition or physical exam findings suggestive of significant pathology. The request for an MRI of the right shoulder is not medically necessary.

Botox 200 units neck and right scapular region: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: Botox 200 units neck and right scapular region is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. The documentation reveals no evidence of cervical dystonia. There are no extenuating factors documented that would necessitate going against guideline recommendations. The request for Botox 200 units' neck and right scapular region is not medically necessary.