

Case Number:	CM15-0016558		
Date Assigned:	02/04/2015	Date of Injury:	04/24/1999
Decision Date:	03/20/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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 55 year old male patient, who sustained an industrial injury on 04/24/1999. A primary treating office visit dated 01/06/2015 reported a 60 % decrease in symptom. The patient is noted being status post open left shoulder surgery on 10/07/2014. He is prescribed the following medications; Opana ER, Anaprox DS, Prilosec, Remeron, Doral, Lisinopril, Colace, Oxycontin, Ativan and Ritalin. Physical examination found the patient appearing to be in obvious distress after his surgery. He appears to be in mild distress secondary to complaints of his ongoing neck pain and headaches. The cervical spine revealed tenderness to palpation along the posterior cervical musculature as well as point tenderness in the suboccipital regions bilaterally. He had decreased range of motion with flexion, extension and lateral bending. He also had decreased range of motion of the bilateral shoulders especially the right. He was noted able to abduct his right upper extremity about 110 degrees. The left shoulder is profoundly tender in the lateral subacromial bursa and range of motion is minimal. Diagnostic testing showed 01/11/2012 left shoulder with moderate heterogeneity of the distal supraspinatus tendon; 04/23/2012 lumbar discogram positive at C6-7; 09/08/2011 cervical spine with minimal foraminal narrowing at C6-7. The following assessment is applied; status post total disc arthroplasty at C3, C4 01/2009; status post cervical fusion C4-5 and c5-6 06/19/2003 with removal of hardware on 01/08/2008; cervicogenic headaches, mild cervical dystonia; status post posterior lumbar interbody fusion L4-5 and L5-S1 02/2002; bilateral lower extremity radiculopathy; reactionary depression/anxiety; bilateral carpal tunnel syndrome; right carpal tunnel release on 03/02/2007; status post right ulnar transposition; colostomy 08/20/2010;

exploratory laparotomy/ colonostomy takedown and reanastomosis 09/09/2013; medication induced gastritis and left shoulder open debridement 10/07/2014. A request was made for repeat 4 trigger point injections. A spinal cord stimulator trial has been reported to be very successful and a permanent implant is being requested. On 01/23/2015 Utilization Review non-certified the request, noting the CA MTUS Trigger Point Injections was cited. The injured worker submitted an application on 01/28/2015 for an independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger Point Injections administered through a 25 gauge 1.5 inch needle for a total of 10cc of 0.25% Bupivacaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections TPIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections; Functional Measures Page(s): 122; 48.

Decision rationale: Due to the questionable long term benefits from trigger point injections, the MTUS Guidelines have very specific criteria to qualify for repeat injections. These criteria include a significant amount of pain relief for several weeks in addition to functional improvements (which can include diminished use of medications as a result of the injections). In this individual these standards have not been met. Some pain relief is subjectively reported, but there is no evidence of functional improvements and/or the diminished use of medications as a result of the injections. Under these circumstances, the request for repeat 4 Trigger Point Injections administered through a 25 gauge 1.5 inch needle for a total of 10cc of 0.25% Bupivacaine is not supported by Guidelines and is not medically necessary.