

Case Number:	CM15-0128762		
Date Assigned:	07/15/2015	Date of Injury:	03/03/2011
Decision Date:	08/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, 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 61 year old female, who sustained an industrial injury on 3/3/11. The diagnoses have included chronic myofascial pain syndrome, chronic strain of the cervical spine and chronic rotator cuff syndrome. Treatment to date has included medications, activity modifications, chiropractic, acupuncture, trigger point injections, diagnostics and home exercise program (HEP). Currently, as per the physician progress note dated 6/4/15, the injured worker complains of pain in the left shoulder, cervical spine and acute spasm. She is currently not working. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Naprosyn, Flexeril and Omeprazole. The physical exam reveals spasm in the left trapezius, decreased range of motion in the left shoulder/ cervical spine by 10 percent in all planes. There is left shoulder impingement sign noted, positive tenderness to touch of the left trapezial, paracervical, and rhomboid trigger points. It is noted that the last trigger point injection set lasted over 6 months with over 50 percent improvement in pain. The physician administered 4 trigger point injections on the left during the office visit. The physician requested treatment included Urine screen and TPI, left trapezial, paracervical, rhomboid under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 - 78, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Prior screen in 11/2014 when the claimant was on Flexeril was consistent with medications provided. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

TPI, left trap, paracervical, rhomboid under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, there is no indication for ultrasound guidance for trigger point injections. The request for cervical trigger point injections is not medically necessary.