

Case Number:	CM15-0171281		
Date Assigned:	09/11/2015	Date of Injury:	11/13/2012
Decision Date:	10/15/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, New York, 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 applicant is a represented 49-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 13, 2012. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve requests for a shoulder trigger point injection comprising of Kenalog and Lidocaine and a soft cervical collar. A July 8, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On said July 8, 2015, the applicant was asked to continue her permanent disability status. A left shoulder trigger point injection comprising of Kenalog and Lidocaine was performed. The applicant was not working, it was acknowledged toward the top of the note. Multifocal complaints of neck, upper back, shoulder, elbow, wrist, and hand pain were noted, with paresthesias present about the upper extremities. The left shoulder trigger point injection comprising Kenalog and Lidocaine was performed. A cervical collar was also endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective left shoulder trigger injection of Kenalog and Lidocaine (DOS- 7/8/2015):
 Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: No, the retrospective shoulder injection of Kenalog and Lidocaine was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are deemed not recommended for radicular pain, as was seemingly present on the July 8, 2015 office visit in question. The applicant was described as having neck pain with associated upper extremity paresthesias suggestive or evocative of an active cervical radiculopathy process. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the addition of a corticosteroid injection to a trigger point injection is likewise not generally recommended. Here, the attending provider's trigger point injection of July 8, 2015 did include the addition of Kenalog, a steroid. Administration of the Kenalog-lidocaine injection in question, thus, was at odds with the position(s) set forth on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines against addition of corticosteroids to trigger point injections and associated position against usage of trigger point injections for radicular pain, as was seemingly present here on July 8, 2015. Therefore, the request was not medically necessary.

Soft cervical collar, medium: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Similarly, the request for a cervical collar was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, usage of a cervical collar beyond one to two days is deemed not recommended. Here, thus, the request to provide a cervical collar on a purchase basis was at odds with the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181. Therefore, the request was not medically necessary.