

<b>Case Number:</b>	CM15-0175878		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Physical Medicine & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on 08-01-2013. She has reported injury to the neck and right shoulder. The diagnoses have included cervical spine sprain-strain with bilateral upper extremity radiculitis; history of head trauma with headache; bilateral shoulder sprain-strain and impingement; right second and third trigger finger; and right foot plantar fasciitis. Treatment to date has included medications, diagnostics, activity modifications, injections, and home exercises and stretches. Medications have included Bupropion, Alprazolam, Temazepam, and Fioricet. A progress report from the treating physician, dated 07-30-2015, documented an evaluation with the injured worker. The injured worker reported neck pain; right foot plantar fasciitis; and she states that the neck and right upper trapezius pain is her most concern at the moment, and is not interested in invasive treatment currently for the right shoulder, right trigger fingers, and plantar fasciitis at this time. Objective findings included cervical spine tenderness to palpation of the bilateral paravertebral muscles and trapezius with spasm, right greater than left; active trigger point at right upper trapezius; positive compression; decreased cervical spine ranges of motion; right shoulder tenderness to palpation at subacromial and acromioclavicular regions; and decreased active range of motion. MRI of the cervical spine, dated 06-17-2015, revealed 2-mm midline disc protrusions at C3-C4, C4-C5, C5-C6, and C6-C7, resulting in mild degree of central canal narrowing; and multilevel end plate degenerative changes are noted. The treatment plan has included the request for consultation with internal medicine specialist; consultation with neurologist; and ultrasound right shoulder, outpatient. The original utilization review, dated 09-01-2015, non-certified a request for

consultation with internal medicine specialist; consultation with neurologist; and ultrasound right shoulder, outpatient.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation with internal medicine specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, pages 503-524.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The current request is for a consultation with internal medicine specialist. The RFA is dated 07/30/15. Treatment to date has included medications, diagnostics, activity modifications, injections, and home exercises and stretches. ACOEM, Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per report 07/30/15, the patient presents with neck and right shoulder pain. Objective findings included cervical spine tenderness to palpation of the bilateral paravertebral muscles and trapezius with spasm, right greater than left; active trigger point at right upper trapezius; positive compression; decreased cervical spine ranges of motion; right shoulder tenderness to palpation at subacromial and acromioclavicular regions; and decreased active range of motion. The treater recommended consultation with pain management specialist [REDACTED] for possible CESI, and an ultrasound guided trigger point injection in the right upper trapezius. There is no discussion regarding the "consultation with internal medicine specialist." The treating physician is the patient's PTP and is currently managing the patient's symptoms and medications. There is no indication that this patient requires an internal specialist. The medical necessity has not been established. Therefore, the request IS NOT medically necessary.

**Consultation with neurologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, pages 503-524.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The current request is for a consultation with neurologist. The RFA is dated 07/30/15. Treatment to date has included medications, diagnostics, activity modifications, injections, and home exercises and stretches. ACOEM, Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per report 07/30/15, the patient presents with neck and right shoulder pain. Objective findings included cervical spine tenderness to palpation of the bilateral paravertebral muscles and trapezius with spasm, right greater than left; active trigger point at right upper trapezius; positive compression; decreased cervical spine ranges of motion; right shoulder tenderness to palpation at subacromial and acromioclavicular regions; and decreased active range of motion. The treater recommended consultation with pain management specialist [REDACTED] for possible CESI, and an ultrasound guided trigger point injection in the right upper trapezius. The progress report and RFA do not include the requested consultation with a neurologist. There are no subjective or objective findings that would require a consultation with a neurologist. The medical necessity has not been established. Therefore, the request IS NOT medically necessary.

**Ultrasound right shoulder, outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ultrasound, therapeutic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter under Ultrasound.

**Decision rationale:** The current request is for an ultrasound right shoulder, outpatient. The RFA is dated 07/30/15. Treatment to date has included medications, diagnostics, activity modifications, injections, and home exercises and stretches. ODG, shoulder chapter under Ultrasound, Diagnostic states, Ultrasound guidance for shoulder injections: In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. While ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy. Per report 07/30/15, the patient presents with neck and right shoulder pain. Objective findings included cervical spine tenderness to palpation of the bilateral paravertebral muscles and trapezius with spasm, right greater than left; active trigger point at right upper trapezius; positive compression; decreased cervical spine ranges of motion; right shoulder tenderness to palpation at subacromial and acromioclavicular regions; and decreased active range of motion. The treater recommended an ultrasound guided trigger point injection in the right upper trapezius. The RFA dated 07/30/15 also indicates that the request is for "right upper trap trigger point injection under US guidance." ODG guideline does not support the use of ultrasound for shoulder injections. Therefore, the request IS NOT medically necessary.