

Case Number:	CM15-0175884		
Date Assigned:	09/17/2015	Date of Injury:	08/01/2013
Decision Date:	10/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	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, Indiana, New York
 Certification(s)/Specialty: Internal 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 45 year old male, who sustained an industrial injury on 8-01-2013. Diagnoses include cervical sprain-strain with bilateral upper extremity radiculitis, right 2nd and 3rd trigger finger, right foot plantar fasciitis and bilateral shoulder sprain-strain. Treatment to date has included diagnostics, activity modifications, medications, cognitive behavioral therapy, Magnetic resonance imaging (MRI) of the cervical spine dated 6-17-2015 shows 2mm midline disc protrusions at C3-4, C4-5, C5-6, and C6-7 resulting in mild central canal narrowing, multilevel endplate degenerative changes, and an incidental finding of a mass involving the right parotid gland measuring approximately 1 cm. Per the handwritten Primary Treating Physician's Progress Report dated 7-30-2015 the injured worker reported neck pain and right foot plantar fasciitis. She states that her neck and right upper trapezius pain is her most concern at the moment and is not interested in invasive treatment for the right shoulder, right trigger fingers or plantar fasciitis at this time. Objective findings of the cervical spine included tenderness to palpation bilateral paravertebral muscles and trapezius with spasm, right greater than left. The plan of care included, and authorization was requested on 7-30-2015 for an outpatient pain management consultation in consideration of a cervical epidural steroid injection and right upper trapezius trigger point injection under ultrasound guidance. On 8-11-2015, Utilization Review non-certified the request for outpatient pain management consultation and right upper trapezius trigger point injection under ultrasound guidance citing lack of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Medical, Surgical Considerations.

Decision rationale: Pursuant to the ACOEM, outpatient pain management consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks Etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured worker's working diagnoses are bilateral shoulder sprain strain, impingement; right second and third trigger finger; right foot plantar fasciitis; and cervical spine sprain strain with bilateral upper extremity radiculopathy. Date of injury is August 1, 2013. Request for authorization is August 11, 2015. According to a July 30, 2015 progress note, the injured worker complains of neck pain, right foot plantar fasciitis and shoulder pain. Objectively, the paraspinal muscle groups are tender to palpation. There are trigger points present (trapezius) on physical examination. The treating provider is referring the injured worker for a pain management consultation for consideration of an epidural steroid injection. The physical examination dated July 30, 2015 does not contain a neurologic examination. There is no documentation demonstrating objective evidence of cervical radiculopathy. An epidural steroid injection is not clinically indicated in the absence of objective evidence of radiculopathy. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation with a neurologic evaluation or objective evidence of radiculopathy on neurological examination and no clinical indication a rationale for an epidural steroid injection, outpatient pain management consultation is not medically necessary.

Right upper trapezius trigger point injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right upper trapezius trigger point injections under ultrasound guidance are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three - four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. Ultrasound guidance is not recommended for the diagnosis of low back conditions. In uncomplicated low back pain its use would be experimental at best. There is no published peer-reviewed literature to support the use of diagnostic ultrasound in the evaluation of patients with back pain or radicular symptoms. In this case, the injured worker's working diagnoses are bilateral shoulder sprain strain, impingement; right second and third trigger finger; right foot plantar fasciitis; and cervical spine sprain strain with bilateral upper extremity radiculopathy. Date of injury is August 1, 2013. Request for authorization is August 11, 2015. According to a July 30, 2015 progress note, the injured worker complains of neck pain, right foot plantar fasciitis and shoulder pain. Objectively, the paraspinal muscle groups are tender to palpation. There are trigger points present (trapezius) on physical examination. The documentation shows objective evidence of trigger point injections. However, ultrasound guidance is not recommended (in the treatment of acute low back symptoms) for the administration of trigger point injections. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for ultrasound guided trigger point injections, right upper trapezius trigger point injections under ultrasound guidance are not medically necessary.