

Case Number:	CM15-0063409		
Date Assigned:	04/09/2015	Date of Injury:	09/09/2010
Decision Date:	05/28/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/03/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 30 year old male, who sustained an industrial injury on 9/9/2010. He reported pain in his left shoulder, neck and mid-back when lifting heavy objects. Diagnoses have included bursitis of shoulder, cervical disc disorder with radiculopathy, displacement of cervical intervertebral disc without myelopathy, unspecified myalgia and myositis, shoulder pain and spasm of muscle. Treatment to date has included physical therapy and medication. According to the progress report dated 3/6/2015, the injured worker complained of low back pain and shoulder pain with a severity level of 6. Back pain was located in the upper, middle and lower back and was noted to be improving. Shoulder pain was described as constant and burning and was noted to be improving. Current medications included Norco and Gabapentin. Physical exam revealed an appropriate mood and affect. Authorization was requested for Bicipital tendon - injection tendon origin/insertion; trigger point injection, three or more muscle groups; ultrasonic guidance for needle placement; lidocaine injection; methylprednisolone acetate injection dexamethasone sodium injection and triamcinolone acetonide injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bicipital Tendon; 20551 Inject Tendon Origin/Insertion; 20553 Trigger Point Injection, 3 Or More Muscle Groups: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: According to California MTUS Guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2) Symptoms have persisted for more than three months; 3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; 4) Radiculopathy is not present on exam; 5) Not more than 3-4 injections per session; 6) No repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; 7) Frequency should be at an interval less than 2 months; 8) Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. In this case, there is evidence of cervical radiculopathy. Trigger point injections are not recommended for radicular pain. Also, the most recent progress note indicates that the shoulder is improving. Medical necessity for the requested injections has not established. The requested injections are not medically necessary.

76942 Ultrasonic Guidance For Needle Placement (Eg. Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The guidelines do not support the use of ultrasound guidance for trigger point injections or biceps tendon injections. Medical necessity for the requested injection is not established. The requested injections are not medically necessary.

J2001 - Injection, Lidocaine HCL (hydrochloride) for Intravenous Infusion, 10 mg 6 times: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The requested injection is not medically necessary. There is no indication for a Lidocaine intravenous (IV) infusion. Medical necessity for the requested Lidocaine IV infusion has not established. The requested item is not medically necessary.

J1040 - Injection, Methylprednisolone Acetate, 80 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The requested injection is not medically necessary. There is no indication for a Methylprednisolone Acetate injection. Medical necessity for the requested item has not been established. The requested injection is not medically necessary.

J1100 - Injection, Dexamethasone Sodium Phosphate, 1 mg 4 times: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The requested injection is not medically necessary. There is no indication for a Dexamethasone Sodium Phosphate injection. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

J3301 - Injection, Triamcinolone Acetonide, (Not Otherwise Specified) 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The requested injection is not medically necessary. There is no indication for a Triamcinolone Acetonide injection. Medical necessity for the requested item has not been established. The requested item is not medically necessary.