

<b>Case Number:</b>	CM15-0078213		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/02/2006
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 42 year old male, who sustained an industrial injury on 05/02/2006. On provider visit dated 02/24/2015, the injured worker presented for a recheck after surgery and was noted to have residual focal pain. On examination, he was noted to have severe focal trigger point tenderness with twitch response in the left supraspinatus/parascapular region and a decreased range of motion, and pain with crepitus was noted. The diagnoses have included other chronic pain and cervicgia. Treatment to date has included thoracic outlet syndrome surgery. The provider requested MRI of the cervical spine and trigger point injection with ultrasound guidance (left supraspinatus/parascapular trigger point).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The 42 year old patient presents with osteoarthritis of the shoulder region, pain in the shoulder joint, cervicalgia, brachial neuritis/radiculitis, and chronic pain, as per progress report dated 02/24/15. The request is for the MRI of the cervical spine. There is no RFA for this case, and the patient's date of injury is 05/02/06. The patient is status post right transaxillary first rib resection on 08/19/14, as per progress report dated 09/22/14. The patient is temporarily totally disabled, as per progress report dated 03/25/15, after the UR date. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; (2) Neck pain with radiculopathy if severe or progressive neurologic deficit; (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; (5) Chronic neck pain, radiographs show bone or disc margin destruction; (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit; (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, progress reports do not document prior MRI of the cervical spine. The treater is requesting for the imaging study in progress report dated 02/24/15. As per the report, the patient has been diagnosed with cervicalgia and brachial radiculitis, and "has done well after TOS surgery he has residual LEFT (opposite) focal pain that may be myofascia vs. referred from C-spine/facet." The physician is, therefore, recommending further testing. However, the progress reports do not discuss why MRI is asked for of the C-spine when the patient has TOS. There are no myelopathic signs, no other red flags and potential radicular symptoms from the C-spine are not well described. It is also likely that given the patient's injury from 2008, that there was an MRI C-spine which is not discussed. The request is not medically necessary.

**Trigger point injection with ultrasound guidance (left supraspinatus/periscapular trigger point):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The 42 year old patient presents with osteoarthritis of the shoulder region, pain in the shoulder joint, cervicalgia, brachial neuritis/radiculitis, and chronic pain, as per progress report dated 02/24/15. The request is for the trigger point injection with ultrasound guidance (left supraspinatus/periscapular trigger point). There is no RFA for this case, and the patient's date of injury is 05/02/06. The patient is status post right transaxillary first rib resection on 08/19/14, as per progress report dated 09/22/14. The patient is temporarily totally disabled, as per progress report dated 03/25/15 after the UR date. The MTUS Guidelines, on page 122, state that "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 (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In this case, the patient has already received the requested TPI to supraspinatus/periscapular trigger point on 03/25/15 after the UR denial date, as per progress report with the same date. The request is noted in a prior report dated 02/24/15. In the report, the treater reports "severe focal trigger point tenderness with twitch response in the left supraspinatus/parascapular region." However, the patient has been diagnosed with brachial radiculitis. MTUS guidelines do not allow for trigger point injections in patients with radiculopathy. Hence, this request is not medically necessary.