

Case Number:	CM15-0095083		
Date Assigned:	05/21/2015	Date of Injury:	01/03/2006
Decision Date:	06/29/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/18/2015

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: Family Practice

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 63 year old female, who sustained an industrial/work injury on 1/3/06. He reported initial complaints of neck and right shoulder pain. The injured worker was diagnosed as having degenerative disc disease/radiculitis. Treatment to date has included medication and prior trigger point injection to neck on 12/5/14 that helped relieve the pain. Currently, the injured worker complains of neck and right shoulder pain rated 7-8/10 with radiation to the right arm and fingers. Per the primary physician's progress report (PR-2) on 1/23/15, there was improvement since last visit. Examination of the cervical spine noted tenderness over the paracervical muscles, trigger point myospasms, cervical spine range of motion had flexion of 50 degrees, extension of 20 degrees, right rotation 10 degrees with endpoint pain, left rotation 20 degrees with endpoint pain, lateral bending at 30 degrees. Compression test, Bakody maneuver, Spurling's test were as +/-, on the right and negative on the left. The right shoulder had adequate range of motion. Current plan of care included refill of medications and trigger point injection. The requested treatments include MRI Neck Spine without dye and 3 Trigger Point Injections. The medical records note that cervical spine magnetic resonance imaging was performed on 1/23/15. The records note that trigger point injection performed in October 2014 provided 50% relief for two weeks and trigger point injection performed in December 2014 provided relief for over two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Neck Spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter.

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 Chapter.

Decision rationale: According to ACOEM guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. According to ODG, 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, the medical records note that the injured worker underwent cervical spine magnetic resonance imaging on 12/18/14. In the absence of red flags, re-injury or significant change in symptoms, the request for updated imaging is not supported. The request for MRI Neck Spine without dye is not medically necessary and appropriate.

3 Trigger Point Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the 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 certain criteria are met. In this case, the medical records do not establish documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, the injured worker has previously undergone trigger point injections. The records note that trigger point injection performed in October 2014 provided 50% relief for two weeks and trigger point injection performed in December 2014 provided relief for over two weeks. Per the MTUS guidelines, no repeat injections are recommended unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The medical records do not establish that the injured worker was able to obtain long lasting benefit from prior injections and there is no evidence of objective functional improvement or decrease in medication use as a result of the prior injections. The request for 3 Trigger Point Injections is not medically necessary and appropriate.