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| Case Number: | CM13-0027771 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 03/17/1998 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 09/11/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old female who has hand pain and numbness. She is status post bilateral carpal tunnel surgery in 2012. She is taking a large number of medications. She has a variant of Lupus. Report dated 10/20/13 states the patient has had temporary benefit from acupuncture and the patient received trigger point injections in the bilateral cervical paraspinal muscles and trapezius muscles. The patient had a bilateral C3, C4, C5 facet nerve radioablation on 9/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck and upper trapezius (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS acupuncture guidelines recommend 3 to 6 treatments. The treatments may be extended if there is functional improvement. And as guidelines recommend six treatments, the request for 12 visits of acupuncture is not necessary, especially because there is no documentation of functional improvement with the acupuncture.

trigger point injections to the cervical and trapezius musculature: Upheld

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

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

Decision rationale: CA MTUS chronic pain guidelines state that for trigger point injections to be recommended specific criteria must be met. These criteria include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Also the guidelines state no repeat injections are recommended unless there is a greater than 50% pain relief for six weeks after injection and there is documented evidence of functional improvement. This patient does not meet this criteria as there is no documentation of circumscribed trigger points in any current medical records. Also there is no documentation that previous injections are given the patient greater than 50% pain relief for at least six weeks after injection. Therefore as the patient does not meet criteria, this treatment is not medically necessary.