MAXIMUS Federal Services

Case Number:	CM13-0043928		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2012
Decision Date:	02/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of 9/26/12. A utilization review determination dated 10/9/13 recommends non-certification of trigger point injections and MRI of thoracic spine. Acupuncture 2 x 4 was modified to certify 6 sessions. A progress report dated 9/26/12 identifies subjective complaints including pain in the upper part of the thoracic spine that radiates obliquely down the left part of his shoulder blade. There is numbness from his forearms down. The provider notes that he received the cervical MRI and x-rays. The x-rays are noted to be anatomic and the MRI is noted to be without any abnormalities. An EMG was noted to show evidence of mild right thumb radial sensory neuropathy. Objective examination findings identify tenderness to palpation in the upper thoracic spine in the region around T2-3 obliquely going along the upper border of the left scapula. Diagnoses include chronic axial neck pain and chronic lower back pain. Treatment plan recommends trigger point injections, acupuncture, and an MRI of the thoracic spine to make sure nothing is underneath that could cause his continued significant complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the left side of the neck: Upheld

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

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

Decision rationale: Regarding the request for trigger point injections, California MTUS supports their use only in the presence of documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain when medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Within the documentation available for review, there is documentation only of tenderness, not trigger points as defined by the California MTUS and having failed targeted conservative management. In the absence of such documentation, the currently requested trigger point injections are not medically necessary.

Acupuncture 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture 2 times a week for 4 weeks, California MTUS does support a trial of up to 6 sessions in the management of chronic pain. Within the documentation available for review, there is documentation that the previous utilization review modified the request to certify 6 sessions of acupuncture in accordance with the recommendation of the California MTUS. However, 8 initial sessions are not medically appropriate and there is no provision to modify the request. In light of the above issues, the currently requested acupuncture 2 times a week for 4 weeks is not medically necessary.

MRI of the thoracic spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Regarding the request for MRI of the thoracic spine without contrast, California MTUS supports imaging when there is evidence of nerve compromise. Within the documentation available for review, there is no documentation of any symptoms/findings that would correlate with thoracic radiculopathy or another clear indication for a thoracic spine MRI. In the absence of such documentation, the currently requested MRI of the thoracic spine without contrast is not medically necessary.