MAXIMUS Federal Services

Case Number:	CM13-0054459		
Date Assigned:	12/30/2013	Date of Injury:	02/14/2011
Decision Date:	03/21/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/19/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 39-year-old male who reported injury on 02/14/2011 after lifting a heavy object which caused a twisting motion of the left knee. The patient ultimately underwent left knee arthroscopy which resulted in complex regional pain syndrome. The patient's treatment history of this disease process included cognitive behavioral therapy and spinal cord stimulator implantation. The patient's most recent clinical evaluation dated 10/23/2013 documented the patient had tenderness to palpation at the mid back and muscle tightness overlying the incision site with bilateral trigger points with twitch responses. The patient's diagnoses included reflex sympathetic dystrophy of the lower limb, mononeuritis of the lower limb, osteoarthrosis of the lower limb, and degenerative disc disease of the lumbar spine. The request was made for trigger point injections and additional cognitive therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided trigger point injections to the bilateral thoracic spine: 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: The requested ultrasound-guided trigger point injections to the bilateral thoracic spine are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends trigger point injections for patients who have palpable trigger points with a twitch response that is an adjunct therapy to active therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in any active therapy that would benefit from an adjunct therapy such as trigger point injections. While the patient does have palpable trigger points in the thoracic area, there is no documentation that the patient has failed to respond to other types of conservative treatments, including oral medications. Therefore, the need for ultrasound-guided trigger point injections is not clearly established. As such, the requested ultrasound-guided trigger point injections to the bilateral thoracic spine are not medically necessary or appropriate at this time.

Additional cognitive behavioral therapy (6 sessions): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The requested 6 additional cognitive behavioral therapy sessions are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends additional cognitive behavioral therapy sessions be based on documentation of subjective and objective functional improvement. The clinical documentation submitted for review does indicate that the patient has participated in this therapy previously. However, the documentation fails to provide any indication that previous treatment was successful in providing functional improvement. Therefore, additional therapy would not be supported. As such, the requested 6 additional cognitive behavioral therapy sessions are not medically necessary or appropriate at this time.