

Case Number:	CM13-0055117		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2002
Decision Date:	03/17/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/20/2013

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, 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 52-year-old male who sustained a work-related injury on 9/11/02. Subjective complaints include ongoing pain in the left neck, shoulder, elbow, low back, and right knee. Objective findings include restricted range of motion in the cervical spine, shoulders, and elbows; weakness in elbow extension and flexion; and paresthesias in the left fingers and right lateral arm. Current diagnoses include sprains and strains of neck, myofascial pain/myositis, impingement, cervical radiculopathy, and rotator cuff syndrome, and treatment to date has been trigger point injections, chiropractic therapy, activity modification, and medications. A 10/7/13 medical report indicates that the patient received a total of six trigger point injections. A 10/21/13 medical report states that the patient received a series of trigger point injections two weeks previous, and received significant pain relief and improved function for a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The MTUS/ACOEM states that additional chiropractic treatment may be approved with documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. In addition, the MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 chiropractic visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of sprains and strains of neck, myofascial pain/myositis, impingement, cervical radiculopathy, and rotator cuff syndrome. In addition, there is documentation of previous chiropractic therapy, functional deficits, and functional goals. However, there is no documentation of the number of previous chiropractic treatments and, if the number of treatments have already exceeded recommended guidelines, a statement why any residual deficits cannot be resolved in the context of a home exercise program. In addition, there is no documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for additional chiropractic therapy is not medically necessary.

trigger point injections: 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 MTUS Chronic Pain Medical Treatment Guidelines state that trigger point injections may be recommended with documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; symptoms have persisted for more than three months; failure of medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session. Additionally, the MTUS Chronic Pain Medical Treatment Guidelines state that repeat injections may be recommended with documentation of greater than 50% pain relief for six weeks or longer after an injection, documented evidence of functional improvement, and injections not at an interval less than two months. Within the medical information available for review, there is documentation of previous trigger point injections two weeks prior and documented evidence of functional improvement. However, despite documentation that the patient received significant pain relief for one week, there is no documentation that greater than 50% pain relief is obtained for six weeks after an injection. In addition, given documentation of trigger point injections done two weeks prior, it is too soon to obtain repeat injections. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.