

Case Number:	CM13-0066683		
Date Assigned:	01/03/2014	Date of Injury:	11/01/2011
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome, chronic low back, chronic mid back pain, myalgias, and myositis reportedly associated with an industrial injury of November 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; MRI imaging of the elbow of December 18, 2013, notable for mild arthritis; trigger point injection therapy; unspecified amounts of acupuncture over the life of the claim; earlier trigger point injections, including on December 5, 2013; and extensive periods of time off of work, on total temporary disability. The applicant reportedly had palpable trigger points on her last clinic visit and was therefore a candidate for trigger point injections. The attending provider also wrote that the applicant's previous acupuncture had demonstrated improvement, had allowed her to be independent with activities of daily living, and allowed her to avoid the need for surgery. On a December 11, 2013 progress note, however, the applicant was described as remaining off of work, on total temporary disability. She is status post carpal tunnel release surgery; it is stated at an unspecified point in time. On December 5, 2013, the applicant was given trigger point injections for reported myofascial pain syndrome. In a work status report of December 4, 2013, the applicant is reportedly off of work, on total temporary disability. On November 14, 2013, the applicant underwent earlier trigger point injections. The applicant was given refills of Naprosyn, Prilosec, Neurontin, Lidocaine patches, Flexeril, and Lunesta on that date and again described as "not fit for duty."

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO RIGHT TRAPEZIUS USING ULTRASOUND X4:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat injections are not recommended unless there is "documented evidence of functional improvement." In this case, however, as with the acupuncture, there is no documented evidence of functional improvement despite prior unspecified numbers of trigger point injections over the life of the claim. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various medications, compounds, injections, acupuncture, etc. All of the above, taken together, argue against any functional improvement achieved through the prior trigger point injections. Therefore, the request is not certified

ACUPUNCTURE 2 TIMES A WEEK FOR 4 WEEKS FOR UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant has had prior unspecified amounts of acupuncture over the life. The claimant has failed to demonstrate any evidence of functional improvement as defined in section 9792.20f. Contrary to what was suggested by the attending provider, the applicant has failed to demonstrate any reduction in dependence on medical treatment. The applicant remains highly reliant on various medications including Naprosyn, Neurontin, lidocaine, Flexeril, topical agents, etc. arguing against any functional improvement achieved through the prior acupuncture. The applicant remains off of work, on total temporary disability, further arguing against any functional improvement as defined in section 9792.20f. Finally, the request for additional acupuncture does not conform to MTUS parameters and is in excess of the "three to six treatments" recommended in MTUS 9792.24.1.c1. For all of the stated reasons, then, the request is not certified.