

<b>Case Number:</b>	CM13-0067810		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/24/1995
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 66 year old female with a reported date of injury on 10/24/1955. According to the clinical note dated 03/15/2013, the injured worker received a right lumbar sympathetic block. According to the clinical note the injured worker rated her pain at 8/10 prior to the block. The clinical note dated 04/01/2013 reported that the lumbar sympathetic block provided her with 30% pain relief for one week. The clinical note dated 06/19/2013 noted the injured worker had neuropathic pain to the lower extremities. According to the clinical note dated 08/12/2013 the injured worker underwent T12 sympathetic block and right L1 selective nerve root block on 06/26/2013 with 30% reduction in lower extremity pain. In addition, the clinical note reported that the injured worker was being treated by a psychiatrist. According to the documentation dated 11/13/2013, the physician noted the injured worker presented with bilateral muscle spasticity and multiple myofascial trigger points to her mid and lower right-side thoracic musculature, as well as muscle spasticity and trigger point at the thoracolumbar junction. The injured worker's medication regimen included Aciphex, Amitiza, Biotin, Calcium, Lyrica, Percocet, Promethazine, Zanaflex, Exalgo, Lisinopril, Lunesta, Premarin, Thyroid, Alprazolam, Flexeril and Wellbutrin XL. The request for authorization for trigger point injections x3 with ultrasound guidance x3 and cognitive behavioral therapy psychological evaluation was submitted on 12/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **TRIGGER POINT INJECTIONS X3 WITH ULTRASOUND GUIDANCE X3: Upheld**

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

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

**Decision rationale:** The CA MTUS guidelines recommend trigger point injections only for myofascial pain syndrome. Trigger point injections are not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. The guidelines recommend documentation of medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants that have failed to control pain. The clinical note dated 06/19/2013 noted the injured worker had neuropathic pain to the lower extremities. According to the documentation dated 11/13/2013, the physician noted the injured worker presented with bilateral muscle spasticity and multiple myofascial trigger points in her mid and lower right-side thoracic musculature, as well as muscle spasticity and trigger points at the thoracolumbar junction. The rationale for the request was unclear. The site at which the injections would be administered was unclear within the documentation. In addition, the clinical information lacks documentation of failed physical therapy. Therefore, the request for trigger point injections x3 with ultrasound guidance x3 is not medically necessary and appropriate.

### **COGNITIVE BEHAVIORAL THERAPY PSYCHOLOGICAL EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100.

**Decision rationale:** The CA MTUS guidelines recommend psychological evaluations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The clinical note dated 06/26/2013, reported that the injured worker was being treated by a psychiatrist. The rationale for the request is unclear. It was unclear within the provided documentation whether the injured worker had significant psychological symptomatology for which evaluation and treatment would be indicated. Additionally, the request did not specify the number of sessions of therapy being requested. Therefore, the request for cognitive behavioral therapy psychological evaluation is not medically necessary and appropriate.

