

Case Number:	CM14-0007353		
Date Assigned:	02/10/2014	Date of Injury:	11/04/2011
Decision Date:	08/07/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 48-year-old female with a November 4, 2011 date of injury to her neck and back after boxes fell on her. She was seen on December 18, 2013 following a trigger point injection over the trapezius bilaterally and the left pectoralis minor. Her pain is noted to have improved significantly for 3.5 weeks. Exam findings reveal tenderness with muscle twitch response at bilateral cervical muscles, trapezius and left pectoralis minor. There is improved cervical range of motion. The patient also noted a new diagnosis a breast cancer and is depressed. This request for a pain psychological consult was made. Treatment to date includes medications, trigger point injections, physical therapy. A UR decision dated January 6, 2014 denied the request given the patient only had a 3.5-week improvement in pain with her first set of trigger point injections, which did not meet MTUS criteria for repeat injections. The UR decision certified a pain management consultation. Psychological testing and preparation of a psychological report were denied given there was no documentation to support extensive psychological testing, and the preparation of a report would be past of the initial consultation and not a separate distinct function outside a standard consultation. Physical therapy to the cervical spine was modified to 3 visits to allow for instruction to an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Bilateral Cervical Ultrasound Guided Trigger Point Injection: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. Prior to the request the patient had her first set of trigger point injections and on a follow up visit dated December 18, 2013 and only noted a 3.5-week duration of significant pain reduction after her first set of trigger point injections. In addition, a significant response is not quantified. The patient has not met the criteria of at least 50% pain relief for at least a 6-week duration. Therefore, the request is not medically necessary.

Repeat Bilateral Trapezius and Left Pectoralis Minor Ultrasound Guided Trigger Point Injection: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. Prior to the request the patient had her first set of trigger point injections and on a follow up visit dated December 18, 2013 and only noted a 3.5-week duration of significant pain reduction after her first set of trigger point injections. In addition, a significant response is not quantified. The patient has not met the criteria of at least 50% pain relief for at least a 6-week duration. Therefore, the request is not medically necessary.

Psych Testing (#7): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Consult Page(s): 100-101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The patient was certified for a psychological consult. The patient has already been approved for a psychological consultation for depressed mood. The rationale for extensive psychological testing is not clear. There is a lack of documentation that the patient requires such extensive testing. Therefore, the request is not medically necessary.

Psych Evaluation of Records for Medical Diagnostic Purposes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychiatric Psychological Consult Page(s): 100-101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The patient has already been approved for a psychological consultation for depressed mood. The rationale for another psych evaluation for medical records is unclear as the patient's psychological consult will be part of the patient's medical records. Therefore, the request is not medically necessary.

Preparation of Report of Patient's Psychiatric Status (#3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Psychological Consult Page(s): 100-101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. There is no rationale for a separate report, as the patient's consultation should provide a report. Therefore, the request is not medically necessary.

Physical Therapy for the Cervical Spine (18 sessions - 2-3 times per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, and the Restoration of Function page(s) 114.

Decision rationale: The Chronic Pain Medical Treatment Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. This request was modified in the UR decision to 3 sessions of physical therapy to assess for benefit. There is a lack of documentation as to what has been done and what the outcomes were regarding these 3 sessions. In addition, the request is for a range of physical therapy and not a specific number. Therefore, the request is not medically necessary.