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| Case Number: | CM14-0009263 | | |
| Date Assigned: | 05/28/2014 | Date of Injury: | 02/02/2009 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 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 chronic neck pain, depression, and psychological stress reportedly associated with an industrial injury of February 2, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representation, topical compounds and earlier unspecified number of Botox and trigger point injections over the life of the claim. The applicant, it is incidentally noted, did allege pain secondary to cumulative trauma as opposed to a specific, discrete injury, it is incidentally noted. In a January 16, 2014 Utilization Review Report, the claims administrator denied a request for several topical compounded creams, denied a request for Botox injections, and denied a request for trigger point injections. It was noted that portions of the applicant's claim for cumulative trauma had been administratively contested by the claims administrator. The claims administrator did state that the applicant had had earlier Botox injections, trigger point injections, and piriformis injections on March 7, 2013, June 5, 2012, and on August 13, 2013. In a handwritten note dated March 3, 2014, difficult to follow, not entirely legible, the applicant was described as having ongoing issues with sciatica, dystonia about the shoulder, muscle spasms, thoracic outlet syndrome, and frozen shoulder. The note was extremely difficult to follow. The applicant was, however, placed off of work, on total temporary disability, and asked to employ Flexeril for pain relief. In an applicant questionnaire dated May 29, 2014, the applicant acknowledged that she was still taking Flexeril and reported a variety of complaints, including multifocal pain, weakness, fatigue, stiffness, palpitations, headaches, nausea, heartburn, and anxiety. On May 29, 2014, the attending provider again sought authorization for various injections including shoulder injections, Botox injections, and piriformis injections. The note was again difficult to follow. The applicant was placed off of work, on total temporary disability. Rheumatology consultation of May 2, 2014 was again notable for comments that the

applicant had multifocal body pain complaints, chronic fatigue, and difficulty sleeping. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BOTOX INJECTION NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26.

Decision rationale: As noted on page 26 of the California MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not recommended for myofascial pain syndrome and/or chronic neck pain, two of the issues present here. While page 26 of the California MTUS Chronic Pain Medical Treatment Guidelines does support Botox injections in the treatment of chronic low back pain, if there is a favorable initial response to the same, in this case, however, the applicant has failed to respond favorably to earlier Botox, piriformis, and trigger point injections. The applicant remains off of work, on total temporary disability. The applicant's pain complaints are heightened as opposed to reduced. The applicant remains highly reliant and highly dependent on various office visits with various providers in various specialties and various forms of medications, including Flexeril and Plaquenil. There has, in short, been no demonstration of functional improvement as defined in MTUS 9792.20f despite earlier Botox injections over the course of the claim. Therefore, the request is not medically necessary.

1 TENDON INJECTION OF LEFT LEVATOR: 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 Trigger Point Injections topic Page(s): 122.

Decision rationale: As noted on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, repeat trigger point injections such as those being proposed here are not recommended unless there is greater than 50% pain relief after an injection, coupled with documented evidence of functional improvement. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various analgesic and adjuvant medications, including Flexeril and Plaquenil, among others. All of the above, taken together, argue against any functional improvement as defined in California MTUS 9792.20f despite earlier tendon injections and trigger point injections over the life of the claim. Therefore, the request is not medically necessary.

1 TENDON INJECTION TO RHOMBOID: 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 Trigger Point Injections topic Page(s): 122.

Decision rationale: As noted on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat trigger point injections should be predicated on evidence of functional improvement with earlier injections. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various analgesic medications, including Plaquenil and Flexeril. There is, in short, no compelling evidence of functional improvement as defined in MTUS 9792.20f through earlier tendon injections/trigger point injections completed over the life of the claim. Therefore, the request is not medically necessary.

1 TENDON INJECTION TO C7 ENTHESES: 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 Trigger Point Injections topic Page(s): 122.

Decision rationale: The request in question does represent a repeat block. As noted on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, repeat trigger point injections should not be pursued unless there is compelling evidence of functional improvement with earlier blocks. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various analgesic and adjuvant medications, including Flexeril and Plaquenil. Pursuing repeat tendon injections/trigger point injections, thus, is not indicated. Therefore, the request is not medically necessary.

OUTPATIENT SURGERY CENTER: 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 9792.20f..

Decision rationale: This represents a derivative request in conjunction with a request for multiple other injections, all of which have been deemed not medically necessary, owing to the applicant's lack of functional improvement as defined in MTUS 972.20f through earlier interventional procedures. Therefore, the derivative request for an outpatient surgery center fee is likewise not medically necessary.