MAXIMUS Federal Services

Case Number:	CM14-0104908		
Date Assigned:	09/16/2014	Date of Injury:	01/27/2011
Decision Date:	12/30/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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:

This case is a 51-year old male with a date of injury on 1/27/2011. A review of the medical records indicates that the patient has been undergoing treatment for failed back surgery syndrome, myofascial pain syndrome, and cervical radiculitis. Subjective complaints (7/1/2014) include 7-8/10 neck pain, burning and throbbing pain with radiation down to left arm and fingertips. Objective findings (7/1/2014) include tenderness to palpation of cervical spine, decreased range of motion, presence of muscle spasms bilateral cervical/paracervical musculature, and decreased sensation to C5-8 dermatomes. Treatment has included cervical epidural steroid injections, cervical surgery (2009), chiropractic treatment, triggers point injections, physical therapy, should surgery, and several medications. A utilization review dated 7/1/2014 non-certified the following:- Trigger point injection neck due to presence of radicular symptoms- Trigger point injection left upper back due to presence of radicular symptoms- Pain psychologist consultation for Spinal Cord Stimulator trial clearance due to absence of applicable diagnosis- Follow up in 3 months due to absence of reason for request.

IMR ISSUES, DECISIONS AND RATIONALES

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

trigger point injection neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back, trigger point injections

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

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. And further states that trigger point are a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective.MTUS lists the criteria for Trigger Points:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six seeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended.The medical documents do meet some criteria for trigger point injections per MTUS. MTUS specifically states that radiculopathy should not be present by exam, imaging, or neuro-testing. However, subjective complaints of radiculopathy are present on numerous treatment notes. As such, the request for trigger point injection neck is not medically necessary.

Trigger point injection left upper back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back, trigger point injections

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

Decision rationale: MTUS states that Trigger Point Injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. And further states that trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective.MTUS lists the criteria for Trigger Points:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not

recommended.The medical documents do meet some criteria for trigger point injections per MTUS. MTUS specifically states that radiculopathy should not be present by exam, imaging, or neuro-testing. However, subjective complaints of radiculopathy are present on numerous treatment notes. As such, the request for trigger point injection left upper back is not medically necessary.

Pain psychologist consultation for Spinal Cord Stimulator trial clearance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator. Decision based on Non-MTUS Citation ACOEM chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological evaluations and Spinal Cord Stimulator (SCS) UpToDate, Intractable Low Back Pain

Decision rationale: MTUS and ODG state regarding Spinal Cord Stimulator, Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. While Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I are possible conditions for use of spinal cord stimulator, ODG and MTUS additionally clarifies that evidence is limited and "more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain.ODG details specific criteria, "Indications for stimulator implantation:- Complex Regional Pain Syndrome (CRPS) when all of the following are present: (1) There has been limited response to non-interventional care; (2) Psychological clearance indicates realistic expectations and clearance for the procedure; (3) There is no current evidence of substance abuse issues; (4) There are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial.- For use in failed back surgery syndrome (FBSS), see the Low Back Chapter.ODG additionally states regarding psychological evaluation, "Recommended pre Intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial.Medical records do not indicate the presence of Complex Regional Pain Syndrome. There appears to be elements to signify the diagnosis of failed back surgery syndrome. ODG does recommend a psychological evaluation prior to an SCS trial. As such, the request for Pain psychologist consultation for Spinal Cord Stimulator trial clearance is medically necessary.

Follow up in 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: MTUS is silent specifically regarding follow-up visits. ODG states concerning office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. ACOEM states regarding assessments, The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected. And further writes that covered areas should include Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening. The treating physician does not document why follow up consultation is being requested at this time and does not detail objective findings to support the request. Additionally, the treating physician does not indicate what questions are being asked of consultant. As such, the request for Follow up in 3 months is not medically necessary at this time.