MAXIMUS Federal Services

Case Number:	CM14-0012270		
Date Assigned:	02/21/2014	Date of Injury:	09/24/2012
Decision Date:	08/04/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 patient is a 42-year-old male who has filed a claim for chronic myofascial pain of the cervical spine associated with an industrial injury date of September 24, 2012. Review of progress notes indicates left-sided headaches; improvement of the neck and upper back pain with medications and trigger point injections; and pain and numbness of both hands and arms, mostly in the thumbs and the 4th and 5th digits, more on the right. Patient reports inability to sleep due to pain, as well as feelings of depression. Findings include slightly decreased cervical range of motion; presence of trigger points and taut bands in the cervical region; positive neck compression test; and decreased sensation to the bilateral thumbs and the 4th and 5th digits. Patient continues to work with restrictions. Electrodiagnostic studies (EMG/NCV) of bilateral upper extremities dated December 02, 2013 showed mild left ulnar nerve entrapment at the left elbow. MRI of the cervical spine dated November 28, 2012 was unremarkable. Treatment to date has included trigger point injections, chiropractic therapy, physical therapy, opioids, NSAIDs (non-steroidal anti-inflammatory drugs), muscle relaxants, and Mirtazapine. The utilization review from January 15, 2014 denied the following requests: a urine drug test, as there was no documentation of when the patient last had a urine drug screen, or what classes of drugs are to be tested; 4 trigger point injections to the cervical region, as there was no documentation of discrete trigger points with twitch response and referred pain; membership at a gym or the [redacted] for daily aquatic therapy, as there was no documentation of failure of home exercises or of monitoring of the patient's progress; and a meditation CD by [redacted], as there is no support for meditation in the treatment of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

A urine drug test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: As stated on page 78 of the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option, to test for proper medication use or the presence of illegal drugs, and as ongoing management for continued opioid use. This patient has been on chronic opioid therapy, but there is no documentation of urine drug screens in the submitted documentation. Although there is no indication to suspect aberrant drug use in this patient, a urine drug screen is medically necessary at this point to monitor medication use. Therefore, the requested urine drug test is medically necessary.

Retrospective request for four (4) trigger point injections to the cervical region: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; 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 at least six weeks following previous injections, including functional improvement. An appeal dated January 17, 2014 indicated that the patient underwent conservative management including medications and physical therapy, and there was documentation of multiple myofascial trigger points and taut bands. In this case, however, there is no documentation specifically of twitch response and referred pain. Also, cervical radiculopathy was not totally ruled out at that time, as the patient had neck and upper back pain radiating to the bilateral upper extremities and a positive neck compression test. Therefore, the retrospective request for 4 trigger point injections to the cervical region was not medically necessary.

Membership at a gym or the [redacted] for daily aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Gym memberships.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) Low Back chapter was used instead. According to ODG, gym memberships are not recommended, unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, and there may be risk of further injury to the patient. In this case, there is no documentation indicating the need for aquatic therapy, as the patient was able to tolerate land-based physical therapy. Also, there is no documentation of the failure of a home exercise program or of medical supervision of aquatic therapy in the gym. Therefore, the requested membership at a gym or the [redacted] for daily aquatic therapy is not medically necessary.

A meditation CD by [redacted]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Computer-assisted cognitive therapy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that a multimedia, computer-assisted form of cognitive therapy (e.g. [redacted]) with reduced therapist contact may be as efficacious as standard cognitive therapy for depression and anxiety. A [redacted] CD, on the other hand, is a self-empowerment and motivational tool. This patient has been diagnosed with adjustment disorder with mixed anxiety and depressed mood, but there is no documentation regarding psychological or pharmacological treatment for the patient's psychological symptoms. Also, there is no guideline recommendation to support the use of a motivational CD. Therefore, the request for a meditation CD by [redacted] is not medically necessary.