

Case Number:	CM14-0015754		
Date Assigned:	03/03/2014	Date of Injury:	01/17/2013
Decision Date:	08/04/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/07/2014

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 is a 56 year-old male with a 1/17/13 date of injury secondary to cold exposure. The patient was seen on 11/19/13 with complaints of pains and pins in the bilateral feet and toes. Exam findings revealed tenderness over the top of the foot and abnormal sensation in the both feet causing tingling. The diagnosis was frostbite. He was again seen on 1/28/14 with complaints of cramping and tingling in the feet and legs bilaterally. Exam findings revealed positive Tinel's in the sensory nerves and numbness in the feet. The patient is noted to be on Neurontin. The diagnosis is nerve damage of the feet secondary to frostbite. Treatment to date: medication management. An adverse determination was received on 2/6/14 for trigger point injections given there was no evidence of trigger points or a twitch response on exam. Nerve stimulation was denied given there was no evidence there was no evidence of TENS failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE STIMULATION FOR THE BILATERAL FEET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (TENS UNIT Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain; pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The patient is noted to have had frostbite. His treatment to date is not well documented, and a TENS unit is generally not used in cases of nerve damage secondary to frostbite. The patient is noted to be on Gabapentin, however it is unclear if his medication management has been maximized. Therefore, the request for nerve stimulation was not medically necessary.

TRIGGER PAIN INJECTION TWICE A WEEK FOR 4 WEEKS FOR THE BILATERAL LEGS/FEET.: Upheld

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

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

Decision rationale: MTUS 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. There is no evidence of trigger points in this patient's feet. There is no indication of how many injections will be made. In addition, a second injection requires a >50% response for greater than 6 weeks and the request is for a series of 2 injections. Therefore, the requested for trigger pain injection twice a week for 4 weeks for the bilateral legs/feet was not medically necessary.