MAXIMUS Federal Services

Case Number:	CM14-0018221		
Date Assigned:	04/16/2014	Date of Injury:	11/30/2012
Decision Date:	06/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 67-year-old female who sustained an injury on 11/30/2012 when she tripped over a box of copy paper and landed on her hands and knees. The injured worker was evaluated on 01/28/2014 for complaints of right paracervical and trapezial muscle pain with numbness and tingling sensation radiating into the right hand. The injured worker was noted to have decreased range of motion to the cervical spine. The injured worker was noted to have tenderness to the bilateral paracervical muscles, rhomboid muscles, and trapezius muscles. There was noted muscle spasm and trigger points to the bilateral trapezius muscles. It was indicated the injured worker had decreased sensation in the bilateral ventral aspect of the thumb and first two and half digits. The injured worker was noted to have a positive Tinel's sign to the bilateral wrists. The documentation indicated the injured worker's previous care included chiropractic treatment, physical therapy, hand therapy, cortisone injections, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS X FOUR (4) RIGHT TRAPEZIUS UNDER ULTRASOUND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The request for trigger point injections x4 to the right trapezius under ultrasound is non-certified. The California MTUS Guidelines recommend the use of trigger point injections for injured workers with documented myofascial pain syndrome. The documentation submitted for review did not indicate the injured worker had myofascial pain syndrome. The guidelines do not recommend the use of trigger point injections for injured workers with radicular pain. The documentation submitted for review indicated the injured worker had physical examination findings of radicular pain. Therefore, the use of a trigger point injections is not supported. The guidelines recommend the use of trigger point injections for injured workers with documentation of twitch response as well as referred pain. The documentation submitted for review did not have physical examination findings of a twitch response with referred pain. Given the information submitted for review, the request for trigger point injections x4 right trapezius under ultrasound is not medically necessary.

CHIROPRACTIC EIGHT (8) VISITS 2 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

Decision rationale: The request for chiropractic 8 visits 2x4 is non-certified. The California MTUS Guidelines recommend the use of manual therapy and manipulation for injured workers with chronic pain if caused by musculoskeletal conditions. The documentation submitted for review indicated the injured worker had chronic pain which was suggestive of musculoskeletal condition. However, the documentation submitted for review indicated the injured worker had previously participated in chiropractic care. The guidelines recommend additional sessions of chiropractic care be based on objective findings of functional improvement from previous sessions and significant remaining deficits. The documentation submitted for review did not include objective findings of functional improvement from previous sessions. Therefore, additional sessions are not supported. Given the information submitted for review, the request for chiropractic 8 visits 2x4 is not medically necessary or appropriate.

URINE SCREEN OBTAINED 01/28/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - PAIN CHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The request for urine screen obtained 01/28/2014 is non-certified. The California MTUS Guidelines recommend drug testing is an option to assess for the use or presence of illegal drugs. The documentation submitted for review did not indicate the injured worker was suspected of using illegal drugs. Furthermore, the documentation indicated a previous test was performed on 11/05/2013 which noted the findings to be consistent with the injured worker's treatment. Therefore, the need for an additional test is unclear. Given the information submitted for review, the request for urine screen obtained 01/28/2014 is not medically necessary.