

Case Number:	CM14-0133935		
Date Assigned:	08/25/2014	Date of Injury:	04/08/2013
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Emergency 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:

Patient with reported date of injury on 4/8/2013. No mechanism of injury was provided for review. Patient has a diagnosis of chronic pain syndrome, post-traumatic headache and brachial neuritis/radiculitis. Medical reports reviewed. Last report available until 8/12/14. Patient complains of headache, neck pain and spasm, L arm pain and tingling. Limited carrying, lifting, pulling and pushing. Objective exam reveals pt is in mild-mod distress. Noted guarded movement. Tenderness to back and shoulder girdle. L arm exam reveals diffuse 4/5 strength, no atrophy or fasciculations. R arm was normal. Patient has had reported physical therapy sessions in the past but there is no documentation of number completed. Report on 7/20/14 first mentions request for services under IMR but note on 7/19/14 8/7/14, 8/12/14 does not mention UR denial or any information needed for appeal. No imaging or eletrodiagnostic reports provided for review. Patient is on ketoprofen, omeprazole, carisoprodol, tramadol, Independent Medical Review is for "Ultrasound guided TPIs bilateral cervical and MRI cervical spine" and "PT 2-3x6". Prior UR on 7/29/14 recommended non- certification. Request for service was sent on 7/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided TPIs bilateral cervical & MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment guidelines - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

Decision rationale: Ultrasound guided TPIs is assumed to be Trigger Point Injection. Since the requesting provider has decided to request the Ultrasound guided Trigger point injections of bilateral cervical neck and an MRI of the cervical spine in the same request, if either trigger point injection or MRI is not medically necessary, both will be deemed not medically necessary. As per MTUS Chronic pain Guidelines, Trigger Point Injections are recommended only for myofascial pain syndrome and is not recommended for radicular pain. Patient fails multiple criteria for trigger point injection. There is no documentation of actual trigger points, documentation of actual radiculopathy and failure of moderate term(6weeks) improvement in pain of least 50%. Trigger point injection is not medically necessary.

PT 2-3 x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines, physical therapy may be recommended due to good success rate. MTUS guidelines recommend fading frequency and home directed therapy. Patient has reportedly completed an unknown number of physical therapy sessions. Note mentions no improvement with those sessions. There is no documentation of home directed physical therapy. There is no documentation of any end goal of repeat PT. There is no documentation as to why more PT was ordered. As per guidelines, it recommends up to a total of 10 PT sessions. The requested number of "2-3x6" is an inappropriate and incomplete prescription for physical therapy. It is up to the provider to determine how many sessions are needed; physical therapy is not a PRN(as needed) request. 12-18 additional sessions above what has already been done without adequate documentation is not medically necessary.