

Case Number:	CM14-0157794		
Date Assigned:	10/01/2014	Date of Injury:	04/04/2008
Decision Date:	11/03/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 44 year old female with a date of injury of 04/04/2008. She was injured while assisting in unloading office furniture. Her history was significant for right wrist surgery in 2008, right elbow and right wrist surgery in 2009, interbody fusion of cervical spine in 2011, decompression of the right brachial plexus in 2014. The diagnoses included right wrist sprain with triangular fibrocartilage complex tear treated surgically, cervical disc herniation treated surgically, secondary ulnar neuropathy treated surgically, lumbar spine superimposed on degenerative disc disease, bilateral patellofemoral chondromalacia, cutaneous vitiligo and depigmentation. The progress note from 07/29/14 was reviewed. Subjective complaints included lumbar spine pain that was 8/10, with radiation to right lower extremity, sharp, burning and constant with right upper extremity pain as well. Objective examination included decreased lumbar lordosis, tenderness to palpation over paraspinal muscles, positive SLR, decreased sensation over L4-S1 dermatomes, motor strength of 5/5, DTR of 2+, right elbow tenderness to palpation over extensor and flexor tendon with decreased active range of motion. Diagnoses included status post ACDF C5-C7 and right upper extremity radiculopathy. She was reportedly working. The requests were for 8 cognitive behavioral pain management sessions and one trigger point injection bilateral trapezius and levator scapulae.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 cognitive behavioral pain management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 23.

Decision rationale: According to Chronic Pain medical treatment guidelines, cognitive behavioral therapy if there is no improvement from a physical medicine alone. An initial trial of 3-4 psychotherapy visits over 2 weeks is recommended. A total of up to 6-10 visits over 5-6 weeks is recommended with evidence of objective functional improvement. The employee had history of multiple surgeries, cervical pain as well as lumbar pain. Her symptoms were recurrent an ongoing. There is no evidence in the submitted the medical records that she had received previous CBT. Hence an initial trial of 3-4 psychotherapy visits over 2 weeks is medically necessary. The current request for 8 visits is above the recommended visits of 4. Hence, the request for 8 cognitive behavioral pain management sessions is not medically necessary.

1 trigger point injection bilateral trapezius and levator scapula: 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: According to MTUS Chronic Pain Medical Treatment guidelines, trigger point injections are recommended only for myofascial pain when all of the following criteria are met: documentation of circumscribed trigger points with evidence on palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxant have failed to control pain; radiculopathy is not present; not more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after injection and there is documented evidence of functional improvement; frequency should not be at an interval less than 2 months; trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. The employee had a no documentation of trigger points in the trapezius or levator scapulae. Hence, the criteria for trigger point injections have not been met. The request for trigger point injection of bilateral trapezius muscles and levator scapulae is not medically necessary.