

Case Number:	CM14-0036808		
Date Assigned:	06/25/2014	Date of Injury:	09/11/2001
Decision Date:	08/05/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old female with a reported injury on 09/11/2001. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/20/2014 reported that the injured worker complained of neck and back pain with headaches. The physical examination of the injured worker revealed right trapezius and shoulder tenderness to palpation. It was also reported the injured worker had decreased right shoulder range of motion with extension and abduction. The injured worker's diagnoses included shoulder pain, myofascial pain syndrome, and long term use of current medication. The provider requested triggerpoint injection to right shoulder/trapezius region. The rationale was not provided. The treating provider also requested a psychiatric referral for behavioral health and case management for the evaluation of diverse medications. The injured worker's prescribed medication list included Norco, Lyrica, Zofran, and Protonix. The request for authorization was submitted 03/10/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point injection right shoulder/trapezius: Upheld

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

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

Decision rationale: The request for trigger point injection, right shoulder/trapezius, is not medically necessary. The injured worker complained of head, neck, and back pain. The treating physician's rationale for trigger point injections were not provided within the clinical notes. The CA MTUS guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. There is a lack of clinical documentation indicating a twitch response was evident with palpation to trigger point. Furthermore, the requesting provider did not specify the quantity of the injection being requested. Given the information provided, there is insufficient evidence to determine the appropriateness of trigger point injection to warrant medical necessity; as such, the request is not medically necessary.

Psychiatry referral for behavioral health medication management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia Page(s): 95-96.

Decision rationale: The request for psychiatric referral for behavioral health medication management is not medically necessary. The injured worker complained of head, neck, and back pain. It is also noted that the injured worker complained of decreased concentration, anxiety, and depression. The treating physician's rationale for psychiatric referral is due to the injured worker being evaluated for diverse medications. The CA MTUS guidelines state that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. Suggested treatment for patients with increasing pain. Further evaluation by a specialist with additional expertise in psychiatry, pain medicine, or addiction medicine should be considered when there is evidence of no improvement of pain with increasing doses of opioids. The Official Disability Guidelines recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is a lack of clinical information indicating the prescribed medications' outcome on the injured worker's pain and psychological condition. There is a lack of clinical information indicating the injured worker's psychological conditions were unresolved to physical medicine. Moreover, there is a lack of clinical evidence that the injured worker's pain and psychological conditions were unresolved with the primary physician's standardized care. Given the information provided, there is insufficient evidence to

determine appropriateness of psychiatric referral for behavioral health medication management to warrant medical necessity; as such, the request is not medically necessary.