MAXIMUS Federal Services

Case Number:	CM14-0097068		
Date Assigned:	07/28/2014	Date of Injury:	09/01/2005
Decision Date:	09/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 64-year-old female who reported an injury on 07/18/1990. The mechanism of injury was not specifically stated. Current diagnoses include cervical facet syndrome, cervical radiculopathy, and carpal tunnel syndrome. A Request for Authorization form was submitted on 07/11/2014 for physical therapy, a TENS unit, trigger point injections, an MRI of the right shoulder and cervical spine, and prescriptions for Paxil 20 mg and tramadol 150 mg. The injured worker was evaluated on 07/08/2014 with complaints of lower back pain radiating into the bilateral lower extremities and neck pain radiating into the bilateral shoulders. Previous conservative treatment includes physical therapy, medication management, multiple injections, and home exercise. Physical examination revealed an anxious and depressed mood, an antalgic gait, restricted shoulder range of motion bilaterally, positive Neer and Hawkins sign on the right, tenderness to palpation, quadriceps atrophy of the right lower extremity, a healed incision following a right total knee arthroplasty, and tenderness to palpation over the patella on the left. Treatment recommendations included physical therapy for the bilateral knees and lower back, a TENS unit, authorization for trigger point injections into the right iliolumbar and right gluteal regions, an MRI of the right shoulder and cervical spine, a referral to a psychiatrist for depression and anxiety, and prescriptions for Paxil and tramadol ER. It was noted that a previous DWC form RFA was submitted on 02/24/2014 for physical therapy, trigger point injections, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to the right shoulder, iliolumbar and right gluteal area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178,Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended for myofascial pain syndrome as indicated. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. The injured worker does not meet criteria as outlined by the California MTUS Guidelines. There is no documentation of a failure to respond to medical management therapies. There is also no evidence of circumscribed trigger points with a twitch response and referred pain. It is also noted that previous trigger point injections were requested in 02/2014. There is no documentation of a previous series of injections with evidence of objective functional improvement. Based on the clinical information received, the request is not medically necessary.

6 Physical Therapy visits for shoulder, back, cervical spine and knees twice weekly for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended for myofascial pain syndrome as indicated. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. The injured worker does not meet criteria as outlined by the California MTUS Guidelines. There is no documentation of a failure to respond to medical management therapies. There is also no evidence of circumscribed trigger points with a twitch response and referred pain. It is also noted that previous trigger point injections were requested in 02/2014. There is no documentation of a previous series of injections with evidence of objective functional improvement. Based on the clinical information received, the request is not medically necessary.

1 TENS unit and supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. There is no documentation of a failure to respond to other appropriate pain modalities. There is also no evidence of a successful 1 month trial prior to the request for a unit purchase. There is no documentation of this injured worker's active participation in rehabilitation to be used in conjunction with TENS therapy. As such, the request is not medically necessary.

MRI of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: California MTUS Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. As per the documentation submitted, the injured worker does demonstrate restricted right shoulder range of motion with positive Neer and Hawkins sign. However, there is no documentation of a recent trial of conservative therapy prior to the request for an imaging study. As such, the medical necessity has not been established. Therefore, the request is not medically necessary.

Flurbiprofen 20% cream between 6/03/14 and 7/31/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. There was also no frequency or quantity listed in the request. As such, the request is not medically necessary.