

Case Number:	CM14-0184840		
Date Assigned:	12/11/2014	Date of Injury:	09/01/2005
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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 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:

The injured worker (IW) is a 64-year-old woman with a date of injury of September 1, 2005. The mechanism of injury was not documented in the medical record. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated September 23, 2014, the IW complains of low backache in the midline of the spine and neck pain into the shoulders. The low back pain radiates to the left hip. She continues to have stiffness in the hands, wrists, and numbness over both legs. Objective findings revealed the IW was anxious, depressed, minimally ill appearing, in moderate pain and tearful. She has a right-sided antalgic gait and is assisted by a cane. Right shoulder movements are restricted with flexion limited to 90 degrees due to pain, abduction limited to 90 degrees, passive elevation limited to 10 degrees. Hawkins and Neer's tests are positive. Tenderness to palpation (TTP) was noted in the acromioclavicular joint, biceps groove, and trapezius. Inspection of the right knee reveals quadriceps atrophy and right TKA healed incision. Left TTP noted over the patella. The IW has been diagnosed with cervical facet syndrome, cervical radiculopathy, and carpal tunnel syndrome. The provider is requesting authorization for physical therapy 2 times per week X 3 weeks for the back, cervical spine, and knees; TENS unit and supplies; MRI of the right shoulder and cervical spine; trigger point injections to the right iliolumbar and right gluteal; and referral to psychiatrist for depression and anxiety. According to the UR, the IW underwent an MRI of the cervical spine in 2008.

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 iliolumbar and right gluteal: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Trigger point Injections

Decision rationale: Pursuant to the Official Disability Guidelines, trigger point injections to the right ilio lumbar and right gluteal regions are not medically necessary. The guidelines enumerated criteria or the use of trigger point injections (TPI). They include, but are not limited to, documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted more than three months ongoing stretching exercises, physical therapy and nonsteroidal anti-inflammatory drugs; radiculopathy is not present, etc. In this case, the injured worker is a 64-year-old woman with a date of injury September 1, 2005. The injured worker was diagnosed with cervical facet syndrome, cervical radiculopathy and carpal tunnel syndrome. The injured worker presently complained of lower back pain and left hip pain, neck pain radiating to the shoulders, continued stiffness in the hands and wrists. There is no clinical documentation supporting the twitch response. Additionally trigger point injections are not indicated when there is evidence of radiculopathy. The injured worker has neck pain that radiates to the shoulders with a diagnosis of cervical radiculopathy. Consequently, the criteria for trigger point injections is not met. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, trigger point injections to the right ilio lumbar and right gluteal regions are not medically necessary.

TENS unit and supplies for home use on the shoulders, back, cervical spine and knees:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit and supplies for home use on the shoulders, back, cervical spine and knees is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The guidelines enumerate the criteria for the use of TENS. They include, but are not limited to, a one month trial period of tense should be documented (as an adjunct ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; rental would be preferred over purchased during this trial. Specific short and long-term goals of treatment should be submitted. See guidelines for additional criteria. In

this case, the TENS unit is requested for treatment of the shoulders, back, cervical spine or knee. These conditions are not indicated for the use of tens. Additionally, the guidelines recommend a one-month home-based trial as an adjunct to a program of evidence-based functional restoration. The request does not state whether this is a one month trial or a purchase. Also, there was no documentation of specific short-term and long-term goals submitted the request. Consequently, the criteria for TENS use has not been met and the TENS unit is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, TENS unit and supplies for home use on the shoulders, back, cervical spine and knees is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, and have no cervical tenderness and no neurologic findings do not meet imaging. Patients not falling in this category should have a three view cervical radiographic series followed by CAT scanning. A repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Indications for imaging are included in the ODG. They include, but are not limited to, chronic neck pain (after three months of conservative treatment), and normal x-rays and neurologic signs and symptoms present. In this case, the injured worker had a cervical spine MRI in 2008 (according to UR). The injured worker complains of ongoing neck pain that radiates to the shoulders. There have been no clinically significant changes or worsening of the cervical pain since the prior MRI was performed. Medical documentation does not contain any clinical findings related to the patient's neck symptoms in the year prior to the request for documentation. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There were none. Consequently, repeat MRI of the cervical spine is not medically necessary.

Referral to psychiatrist:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Page 127; Chapter 14, page 397

Decision rationale: Pursuant to the ACOEM and the official disability guidelines, referral to a psychiatrist is not medically necessary. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral with a return to work process. In this case, the injured worker was recently discharged from the care of her psychiatrist. Six monthly psychotropic medication management sessions were recently certified. Psychiatrists perform psychotropic medication management sessions. The injured worker was being monitored by a psychologist and was already certified to be followed to psychiatrist making this request for duplication of a previously certified service. Consequently, a psychiatric referral request is not medically necessary.