

Case Number:	CM14-0200759		
Date Assigned:	01/13/2015	Date of Injury:	09/01/2005
Decision Date:	02/17/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 9/1/05. A utilization review determination dated 10/29/14 recommends non-certification of trigger point injections, TENS, cervical spine MRI, psychiatry referral, and PT. Shoulder MRI was certified. It noted that the patient was recently discharged from care by psychiatry without medications and 6 monthly psychotropic medication management sessions (which would be done by a psychiatrist) requested by her psychologist were certified. There was also a recent psychiatric AME with results not yet reported. 9/23/14 medical report identifies pain in the back and neck pain into the shoulders. There is transient swelling in the knees responsive to cold compresses. There is stiffness in the hands and wrists with numbness over both legs and muscle spasm in the shoulder. She was scheduled for AME with psychiatrist on 10/14/14. On exam, there is limited ROM, positive Hawkins', Neer's, lift-off, and Speed's, tenderness, right knee quadriceps atrophy and TKA healed incision. Patient has tremors and appears to be depressed, sad, despaired, anxious, restless, and worries.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Request for Trigger Point Injections to the Right Liliolumbar and Right Gluteal: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. In the absence of such documentation, the requested trigger point injections are not medically necessary.

1 TENS unit and supplies for home use on the Shoulders, Back, Cervical Spine and Knees:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a TENS unit trial would be intended to address. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

1 MRI of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no current

indication of any red flags or neurologic deficits supportive of the need for imaging. In the absence of such documentation, the requested cervical MRI is not medically necessary.

1 Referral to Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127.

Decision rationale: Regarding the request for referral to psychiatrist, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is noted that the patient appears to be depressed, sad, despaired, anxious, restless, and worries. However, it is also noted that the patient was recently discharged from care by psychiatry and 6 monthly psychotropic medication management sessions (which would be done by a psychiatrist) requested by her psychologist were recently certified. Additionally, the patient had a pending psychiatric AME at the time of the request, the results of which may better determine the psychiatric care needs of the patient going forward. In light of the above issues, the currently requested referral to psychiatrist is not medically necessary.