MAXIMUS Federal Services

Case Number:	CM14-0209758		
Date Assigned:	12/22/2014	Date of Injury:	02/06/2004
Decision Date:	02/17/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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, has a subspecialty in Nephrology 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 54-year-old female with a 2/6/04 date of injury. The mechanism of injury was a slip and fall from a chair. The UR decision dated 11/18/14 refers to a progress report dated 10/29/14, however, this was not provided for review. According to this note, the patient reported subjective complaints of possible CRPS of the right upper extremity. Her pain level was rated as a 6-8/10. Pain was increased with continuous movement, holding with support. She reported that her pain was decreased by medication and ice. Objective findings: tenderness to palpation over lumbar paraspinous area and throughout the back, no other remarkable findings. Diagnostic impression: reflex sympathetic dystrophy of upper limb/left, elbow pain/left, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome. Treatment to date: medication management, activity modification, surgery, TENS unit, chiropractic care, and physical therapy.A UR decision dated 11/18/14 denied the requests for trigger point injection and TENS unit purchase. Regarding trigger point injection, the patient previously had trigger point injections though the efficacy of the injections is not documented. Trigger points with evidence of twitch response and referred pain are not documented to warrant a trigger point injection. Regarding TENS unit purchase, the patient has previously utilized TENS unit but there is no documentation of how often the unit was used, as well as outcomes in terms of pain relief and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections with Ultrasound: 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 Trigger Point Injections Page(s): 22.

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, in the present case, there is no documentation that this patient has failed conservative measures of treatment. In addition, there are no physical examination findings documented that indicate circumscribed trigger points with evidence of a twitch response as well as referred pain. Therefore, the request for Trigger Point Injections with Ultrasound was not medically necessary.

Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit 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 and that other ongoing pain treatment should also be documented during the trial period including medication. In the present case, the patient is noted to have previously used a TENS unit. However, the specific subjective and objective functional improvements directly related to the use of TENS unit are not clearly outlined. There is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no documentation of decreased medication use as a result of using the TENS unit. Therefore, the request for Transcutaneous Electrical Nerve Stimulation (TENS) Unit was not medically necessary.