

Case Number:	CM15-0100984		
Date Assigned:	06/03/2015	Date of Injury:	08/01/2011
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 42-year-old who has filed a claim for chronic shoulder, wrist, low back and neck pain, and myofascial pain syndrome reportedly associated with an industrial injury of August 1, 2011. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve a request for a follow-up visit in four weeks status post planned trigger point injection therapy. The claims administrator referenced an April 14, 2015 progress note in its determination. The claims administrator apparently based its denial on the fact that concurrently ordered trigger point injections had also been denied. The applicant's attorney subsequently appealed. On April 14, 2015, the applicant reported issues with shoulder pain, neck pain, and myofascial pain syndrome. The applicant was working regular duty. Naprosyn, Prilosec, Lunesta, and Neurontin were endorsed. Trigger point injections were apparently performed in the clinic setting. The applicant was asked to follow up in four weeks. The applicant had undergone a successful left carpal tunnel release surgery on May 7, 2014, it was reported. The attending provider maintained that the applicant's medications were beneficial and that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit in 4 wks, post TPI (trigger point injection) for RTC (rotator cuff):
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1, 122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Yes, the request for a follow-up visit in four weeks was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant had ongoing, longstanding, multifocal pain complaints. The applicant was using a variety of medications, it was reported on April 14, 2015, including Naprosyn, Prilosec, Lunesta, and Neurontin. The applicant did receive a trigger point injection on that date. Obtaining a follow-up visit was, thus, indicated for a variety of reasons, including to follow up on the efficacy of the previously performed trigger point injections as well as for medication management purposes. Therefore, the request was medically necessary.