MAXIMUS Federal Services

Case Number:	CM15-0164664		
Date Assigned:	09/02/2015	Date of Injury:	08/06/1994
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 63 year old female, who sustained an industrial injury on August 6, 1994. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included trigger point injection, surgery, cognitive behavioral therapy, home exercise program and medications. Currently, the injured worker complains of chronic pain that interferes with her activities of daily living, ability to function and sleep regimen. The injured worker is currently diagnosed with chronic low back pain and chronic pain. A note dated February 4, 2015 states the injured worker experienced mild relief and improved range of motion from the trigger point injection. A note dated July 8, 2015 states the injured worker experiences a decrease in pain from her medication regimen as well as improved function and ability to engage in activities of daily living. A note dated July 24, 2015 states the injured worker has had significant improvement in activities of daily living from trigger point injections as well as progression in her home exercise program and physical therapy. It also states that she experienced a decrease of pain from 10 on 10 to 5 on 10 from trigger point injections. The note further states there is significant overall improvement from cognitive behavioral therapy. The following; deep tissue massage (18 sessions), urine drug test (one, four times a year) and lumbar muscle trigger point injections (three session every week for six to eight weeks-total 24) are requested to decrease pain, improve function and range of motion and monitor for medication compliance are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep tissue massage (sessions), QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: Deep tissue massage (sessions), QTY: 18 is not medically necessary per the MTUS Guidelines. The MTUS states that massage is recommended as an option as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The request for 18 sessions exceeds the MTUS recommendations and is not medically necessary.

Urine Drug Testing, 4x per year, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Urine Drug Testing.

Decision rationale: Urine Drug Testing, 4x per year, QTY: 1 is not medically necessary per the MTUS Guidelines. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that patients at “low risk” of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at “moderate risk” for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Patients at “high risk” of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation is not clear on how many prior urine toxicology screens the patient has had and there are no objective urine toxicology screens available for review in the documentation submitted. Without this information the request for 4 urine drug screens is not medically necessary.

Lumbar muscle trigger point injections, 3 sessions every 6-8 weeks (total weeks), QTY: 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

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

Decision rationale: Lumbar muscle trigger point injections, 3 sessions every 6-8 weeks (total weeks), QTY: 24 is not medically necessary per the MTUS Guidelines. The MTUS states that there should be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months. Without evidence of efficacy of prior trigger point injections, additional trigger point sessions would not be medically necessary and therefore this request cannot be certified. Additionally, the request for every 6 weeks is more frequent that the 2 month recommended interval between injections. For these reasons this request is not medically necessary.