

Case Number:	CM15-0203296		
Date Assigned:	10/20/2015	Date of Injury:	08/01/2010
Decision Date:	12/04/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/15/2015

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 43-year-old who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of August 1, 2010. In a Utilization Review report dated October 10, 2015, the claims administrator failed to approve requests for trigger point injections and Naprosyn. A June 26, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated June 26, 2015, Naprosyn, trigger point injections, Norco, and neurologic consultation were endorsed. On an associated progress note dated June 26, 2015, the applicant reported ongoing complaints of neck and low back pain complaints. The applicant contended that the previously performed trigger point injections only lasted two months before having worn off. 6 to 7/10 pain complaints were noted. The applicant had ancillary complaints of headaches, both tension and migraine type, the treating provider reported. The applicant also reported issues with low back pain, the treating provider. The applicant was using Norco at a rate of four times daily in conjunction with Topamax and Naprosyn, the treating provider reported. 10 trigger point injections were apparently performed while Norco and Naprosyn were renewed. A neurology consultation was sought. The attending provider contended that the previously performed trigger point injections had generated 60% pain relief for two weeks. The applicant reported intermittent numbness about the left foot and left three digits of the foot, the treating provider reported. The applicant also reported numbness about the third, fourth, and fifth digits of the hands, intermittent, the treating provider acknowledged. The note was somewhat difficult to follow as it mingled historical issues with current issues. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. An applicant questionnaire dated June 26, 2015 likewise made no mention of whether the applicant was or was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger Point injections to bilateral upper and mid-thoracic paraspinal muscles (DOS: 06/26/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: No, the request for trigger point injections to the bilateral upper and mid thoracic musculature performed on June 26, 2015 was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain, as was seemingly present here on or around the date in question, June 23, 2015. The applicant reported ongoing issues with bilateral upper extremity paresthesias, intermittent, it was reported on that date. The applicant's upper extremity paresthesias suggested that the applicant in fact had radicular component to her symptomology. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat trigger point injections were predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's work status was not reported on June 26, 2015, it was suggested. The applicant was not, in fact, working. Receipt of prior trigger point injections failed to curtail the applicant's dependence on opioid agents such as Norco, which the treating provider noted the applicant was using at a rate of four times daily as of the June 22, 2015 office visit at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior trigger point injections. Therefore, the request for repeat trigger point injections performed on June 26, 2015 was not medically necessary.

Retrospective Naproxen Sodium 550mg #60 (DOS: 06/26/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain complaints, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant's work status was not clearly reported on June 26, 2015, suggesting that the applicant was not, in fact, working. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Norco or other forms of medical treatment to include frequent trigger point injections. All of the

foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

Retrospective Tan Myofascial Trigger Point injection in bilateral middle trapezial (DOS: 06/26/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Finally, the request for ten (10) myofascial trigger point injections performed on June 26, 2015 was likewise not medically necessary, medically appropriate, or indicated here. Per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that no more than three to four trigger point injections should be administered per session. Here, thus, the attending provider failed to furnish a clear or compelling rationale for receipt of ten (10) injections on the same of the service, June 26, 2015, in the face of the MTUS position against more than three to four trigger point injections per session. Therefore, the request was not medically necessary.