

Case Number:	CM15-0207959		
Date Assigned:	10/26/2015	Date of Injury:	06/26/2014
Decision Date:	12/07/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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, Florida, 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 injured worker is a 55 year old male, who sustained an industrial injury on 6-26-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis with overlying strain, bilateral carpal tunnel syndrome right greater than left, and bilateral ulnar neuropathies at Guyon's canal and cubital tunnel. On 10-5-2015, the injured worker reported continued neck and parascapular region discomfort as well as numbness and tingling in the bilateral hands. The Primary Treating Physician's report dated 10-5-2015, noted the injured worker completed 10 out of 10 sessions of chiropractic care which was noted to have offered temporary benefit. The injured worker's current medications were noted to include Ibuprofen, Celexa, Bupropion, Neurontin, Desyrel, and Atorvastatin. The physical examination was noted to show full range of motion (ROM) in the cervical spine with pain with right lateral flexion and rotation, decreased sensation to light touch over the first and second digit on the right as well as in digit 4 and 5 bilaterally, and palpable taut bands along the cervical paraspinals, levator scapulae, and superior trapezius muscles with palpation causing a positive twitch response with referred pain. The Physician noted the cervical spine MRI revealed multilevel degenerative disc and joint disease with foraminal narrowing by about 50% at C4-C5 on the right C5-C6 on the right and C6-C7 bilaterally. An electromyography (EMG) was noted to be negative for radiculopathy with electrodiagnostic studies confirmed bilateral carpal tunnel, cubital tunnel, and Guyon's canal compression neuropathies of the median and ulnar nerves. The Physician noted that recent myofascial release with the chiropractor offered some temporary relief. The injured worker was noted to not have received trigger point injection in the past with the

Physician noting the symptoms had persisted more than three months, with failed medical management therapies including exercises, anti-inflammatories, and muscle relaxants. The treatment plan was noted to include a trial of Relafen, and requests for trigger point injections and physical therapy for the cervical spine. The request for authorization dated 10-7-2015, requested trigger point injections at right C4-5, right C5-6, and bilateral C6-7 Qty 3 and physical therapy for the cervical spine Qty 8. The Utilization Review (UR) dated 10-15-2015, non-certified the requests for trigger point injections at right C4-5, right C5-6, and bilateral C6-7 Qty 3 and physical therapy for the cervical spine Qty 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections at right C4-5, right C5-6, and bilateral C6-7 Qty 3: Overturned

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

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

Decision rationale: The MTUS notes Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3- 4 injections per session; (6) 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; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Classic triggering was demonstrated and symptoms have lasted for some time. It does appear that all of the criteria are met. This request is certified. Therefore, the requested treatment is medically necessary.

Physical therapy for the cervical spine Qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: PT neck 8: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are

Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general." A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately non-certified. Therefore, the requested treatment is not medically necessary.