

Case Number:	CM15-0211356		
Date Assigned:	10/30/2015	Date of Injury:	02/03/2015
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This injured worker is a 34 year old male, who sustained an industrial injury on 02-03-2015. The injured worker was diagnosed as having left shoulder injury, lumbar region injury, left injury elbow, forearm and wrist, back pain- lower, myofascial pain-lumbar radiculopathy and poor coping. On medical records dated 09-17-2015 and 09-23-2015, the subjective complaints were noted as feeling more relaxed with trigger point injections in the past and decreased pain by >50% and increased range of motion. Chronic pain in left shoulder, left elbow, and low back, pain with numbness in lower extremity bilaterally. Medication was noted to help pain about 20-30%. Pain level was noted at 7-8 out of 10. Objective findings were noted as positive tenderness to palpation in cervical and lumbar paraspinal muscle area, diffuse tenderness in left shoulder, a positive Obrien test, subscapularis muscles weakness and twitch response to palpation. Treatments to date included medication, TENS unit, stretching and strengthen exercise. The injured worker was noted to be not working. Current medications were listed as Naproxen, Omeprazole, and cyclobenzaprine. The Utilization Review (UR) was dated 10-05-2015. A Request for Authorization was dated 09-09-2015. The UR submitted for this medical review indicated that the request for follow-up visit, glucose check and outpatient trigger position injection for the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient trigger point injection for the lumbar spine: Upheld

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 Guidelines support the use of trigger point injections with numbing medications for the treatment of myofascial pain syndromes. Injection with steroids or other medications is not recommended. Myofascial pain syndromes include regionally painful muscles with associated trigger points. Under specific circumstances, this treatment may be helpful in treating chronic regional pain syndrome (CRPS). Trigger point injections have not been shown to be helpful in treating other conditions such as fibromyalgia, radiculopathy, or routine back or neck pain. Criteria required to demonstrate medical necessity include detailed documentation of true trigger points on examination; on-going symptoms for at least three months; symptoms have not improved with non-invasive treatments, such as stretching and therapeutic exercises and medication to decrease swelling; examination, imaging, and neurologic studies have not shown radiculopathy; and no more than three injections per session should be done. Repeated trigger point injections should only be done if prior injections caused improved function and at least a 50% reduction in symptoms for at least six weeks and prior injections were done at least two months ago. The submitted and reviewed documentation indicated the worker was experiencing pain in the left shoulder, left elbow, and lower back with leg numbness. The recorded examinations did not include findings detailing the presence of trigger points. There was no discussion describing special circumstances that sufficiently supported this request, although these records suggested six injections were done. Further, the request did not detail the specific areas of the body to be injected, the medication to be used, or the number of injections to be done. For these reasons, the current request for an unspecified number of trigger point injections with an unspecified medicine to unspecified locations of the lumbar spine region is not medically necessary.

Glucose check: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhibi.nih.gov/health-topics/topics/bdt/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McCulloch DK, et al. Blood glucose self-monitoring in management of adults with diabetes mellitus, Topic 1781, Version 19.0. UpToDate accessed 10/11/2015. American Diabetes Association. Standards of medical care in diabetes 2014. Diabetes Care 2014; 37 (suppl 1): S1.

Decision rationale: Glucose testing is a screening tool used to look at the amount of a sugar, or glucose, in the blood. The MTUS Guidelines are silent on this issue. The general benefit of self-

monitoring blood glucose levels remains controversial in the literature. The ADA Guideline and available literature support its use for some people with diabetes as one part of the care plan. The submitted and reviewed documentation indicated the worker experiencing pain in the left shoulder, left elbow, and lower back with leg numbness. These records did not suggest the worker had a blood sugar issue, discuss how well the worker's blood sugar was controlled, indicate the reason this type of testing was needed, or describe special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an unspecified type of "glucose check" is not medically necessary.

Follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office visits.

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

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing pain in the left shoulder, left elbow, and lower back with leg numbness. The request did not specify the type of follow up visit requested or the type of follow up care that was needed. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for follow-up visit is not medically necessary.