

Case Number:	CM15-0059738		
Date Assigned:	04/06/2015	Date of Injury:	10/30/2013
Decision Date:	05/06/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/30/2015

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, Illinois

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 41 year old female who sustained a work related injury October 30, 2013. Past history included peptic ulcer disease. She struck her right shoulder into a door jamb, resulting in twisting of her torso around and immediate pain to the right thoracic area of her back. Over the course of care, she received physical therapy, massage therapy, and chiropractic treatment, all providing temporary relief and medication. According to an interventional pain physician's progress report, dated February 12, 2015, the injured worker presented with thoracic back pain, 4/10, described as achy and occasionally sharp. The pain is radicular and follows the T6-7 nerve root distribution. Neck range of motion is limited by pain. Diagnosis is documented as thoracic or lumbosacral neuritis or radiculitis, unspecified. A medical examiner evaluation, dated March 5, 2015, finds the injured worker presenting for follow-up with continued pain on the right side of her chest. Diagnostic impression is documented as persistent right sided chest wall pain, possibly associated with nerve root irritation or frank impingement at the T6-T7 region. Treatment options included trigger point injections. A request for authorization, dated March 14, 2015, includes trigger point injections, series of 5, and Ketamine Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections 1x5 (Right Side of Chest/Thoracic): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS criteria for trigger point injection are as follows: (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. The injured worker sustained a work related injury on October 30, 2013. The medical records provided indicate the diagnosis of persistent right sided chest wall pain, possibly associated with nerve root irritation or frank impingement at the T6-T7 region. Treatments have included Lyrica. The medical records provided for review do not indicate a medical necessity for Trigger Point Injections 1x5 (Right Side of Chest/Thoracic). The medical records reviewed do not indicate the presence of a twitch response, absence of radiculopathy (the records indicate the injured worker is a candidate for epidural steroid injection, a procedure that is done for confirmed radiculopathy). Therefore, the request is not medically necessary.

Ketamine Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56.

Decision rationale: The injured worker sustained a work related injury on October 30, 2013. The medical records provided indicate the diagnosis of persistent right sided chest wall pain, possibly associated with nerve root irritation or frank impingement at the T6-T7 region. Treatments have included Lyrica. The medical records provided for review do not indicate a medical necessity for Ketamine Cream. The MTUS does not recommend the use of ketamine for the treatment of chronic pain. Therefore the request is not medically necessary.