

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0087365 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 03/27/1993 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 67 year old male who sustained an industrial injury on 3/27/93. The mechanism of injury is unclear. Currently complains of severe migraine headache and received Demerol for this which was helpful. He has worsening neck and shoulder pain. He has had relief of from trigger point injections but feels that every six weeks is a stretch as he was experiencing severe myofascial pain especially in the cervical, shoulder and lower lumbar regions at five weeks. Medications are Oxycontin, Oxycodone, Flexeril, Demerol tablets, Xanax, Mysoline, Morphine pump. Diagnoses include traumatic brain injury; cervical nucleus pulposus without radiculopathy; herniated disc syndrome; lumbar herniated nucleus pulposus with radiculopathy; cervical sprain or strain; myofascial pain syndrome; lumbar spine sprain/ strain; therapeutic drug monitor; essential tremor; myoclonus; depressive disorder; insomnia. Treatments to date include trigger point injections to the right and left trapezius, periscapular region, rhomboid, thoracic, paraspinal regions and limited lumbosacral right to left paraspinal and paravertebral region; pool therapy, medications. On 2/18/15 the treating provider administered trigger point injection to right and left trapezius, periscapular region, rhomboid, thoracic, paraspinal regions and limited lumbosacral right to left paraspinal and paravertebral region. Utilization Review reviewed the request for the above trigger point on 2/18/15 retrospectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Office Visit with [REDACTED] (DOS 02/18/15) for ongoing Neurological Treatment as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: 2nd Edition (2004), Practice Guidelines, 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Guidelines state that repeat trigger point injections should not be at an interval less than 2 months. In this case, the last visit was 6 weeks prior and repeat injections would not be indicated before 2 months. The request for the office visit is not medically appropriate and necessary.