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| Case Number: | CM15-0234397 | | |
| Date Assigned: | 12/07/2015 | Date of Injury: | 01/31/2014 |
| Decision Date: | 01/14/2016 | UR Denial Date: | 11/02/2015 |
| Priority: | Standard | Application Received: | 11/30/2015 |

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, 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 [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 31, 2014. In a Utilization Review report dated October 30, 2015, the claims administrator partially approved a request for 6 sessions of cognitive behavioral therapy as 3 sessions of the same while denying a request for a trapezius trigger point injection. An October 1, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On September 17, 2015, the treating provider noted that the claimant was no longer working and had last worked in March 2015. The applicant had comorbid diabetes and hypertension, the treating provider reported. 5-7/10 pain complaints were reported. Elavil, Motrin, and Robaxin were all seemingly endorsed. Six sessions of cognitive behavioral therapy and 8 sessions of physical therapy were sought. The claimant was described as having mechanical shoulder pain complaints status post earlier failed shoulder surgery. The treating provider also stated that the claimant had superimposed trigger points but did not elaborate further. On October 1, 2015, the treating provider again noted that the claimant had failed earlier shoulder surgery. Trigger point injections were performed in the clinic involving a combination of lidocaine and dexamethasone. Cognitive behavioral therapy was sought. On October 27, 2015, the applicant was placed off of work, on total temporary disability, for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (visits), QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT).

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

Decision rationale: No, the request for 6 sessions of cognitive behavioral therapy was not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend behavioral interventions in the chronic pain context present here, page 23 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that cognitive behavioral therapy should initially be delivered via a 3- to 4-session clinical trial and further stipulates that, with objective evidence of functional improvement, that a total of 6-10 visits are recommended. Here, however, the October 1, 2015 office visit did not clearly state whether the applicant had or had not had earlier cognitive behavioral therapy and, if so, what the response to the same was. Therefore, the request was not medically necessary.

Left trapezius trigger point injection, QTY: 1.00: 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: Similarly, the request for a trapezius trigger point injection was likewise not medically necessary, medically appropriate, or indicated here. While page 122 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that trigger point injections are recommended for myofascial pain syndrome, with limited lasting value, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that the addition of a corticosteroid to a trigger point injection is "not generally recommended" and by noting that pursuit of a repeat trigger point injection is predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, dexamethasone, i.e., a steroid agent, was administered via the trigger point injection performed on October 1, 2015. Said October 1, 2015 office visit did not clearly state whether the applicant had or had not had prior trigger point injections and if so, what the response to the same was in terms of the functional improvement parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.