

Case Number:	CM14-0093560		
Date Assigned:	08/06/2014	Date of Injury:	06/12/2010
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/20/2014

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old male who has submitted a claim for chronic pain syndrome, low back pain, anxiety and depression; associated with an industrial injury date of 06/12/2010. Medical records from 2013 to 2014 were reviewed and showed that patient complained of bilateral jaw pain and locking at night. Physical examination showed alert, oriented and cooperative. His mood appeared somewhat depressed and resigned. The patient had difficulty sleeping on 'most nights'. There were no complaints of appetite problems. Memory and concentration were intact. Energy level seemed fairly good. He denied current suicidal or homicidal ideation. Other aspects of his mental status appeared to fall within normal limits. Treatment to date has included medications, diathermy, functional restoration program and trigger point injections. Utilization review, dated 06/03/2014, denied the request for trigger point injections because there was no clear evidence of objective or functional benefit from prior injections, and the patient has yet to receive 6 more previously authorized injections; and denied the request for continued care visits because the patient has yet to attend 2 more previously authorized office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections every 2 WKS for 24 Injections: Upheld

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

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

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines, "trigger point injections are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination." All of the following criteria should be met: "documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; and radiculopathy is not present." In addition, "frequency of injections should not be at an interval of less than two months. In this case, the patient complains of bilateral jaw pain and locking." However, physical examination findings related to the complaint were not included in the medical records submitted for review. Moreover, the patient has yet to receive 6 more previously authorized trigger point injections. Additional injections are contingent on its efficacy. Lastly, the present request as submitted failed to specify the site of injections. The criteria have not been met. Therefore, the request for Trigger Point Injections Every 2 weeks for 24 injections is not medically necessary.

Continued Care Visits X 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary Updated 03/18/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: Per the Official Disability Guidelines regarding, office visits, "evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan." In this case, continuous care visits are requested; however the rationale for the request was not discussed. Moreover, the patient has yet to attend 2 more previously authorized office visits. Additional visits are contingent on the patient's objective and/or functional improvement. Therefore, the request for continued care visits x4 is not medically necessary.