

Case Number:	CM14-0094889		
Date Assigned:	07/25/2014	Date of Injury:	12/05/2008
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 41-year-old female who reported injury on 12/05/2008. The mechanism of injury and surgical history were not provided. The prior treatments included cognitive behavioral therapy, trigger point injections and medications. The documentation of 05/29/2014 revealed the injured worker had bilateral arm pain. The injured worker's pain was noted to be a 9/10 without medications and 5/10 with medications. The injured worker's medications were noted to include Lidoderm 5% adhesive patches, Abilify 5 mg tablets, Cymbalta 60 mg capsules, diazepam 5 mg tablets, diclofenac 3% topical gel and Solaraze 3% topical gel. The injured worker was noted to be positive for anxiety, depression, dizziness, headache, and insomnia and memory impairment. The physical examination revealed the injured worker had tenderness to palpation in the bilateral upper trapezius with active trigger points including top bands of skeletal muscles that, when palpated, elicited a twitch response and regional pain into the neck, head and right shoulder, right greater than left. The injured worker had tenderness to palpation in the paracervical, cervical root and trapezius muscles. The diagnoses were noted to include chronic pain syndrome, COAT, headache, myalgia and myositis unspecified, cervicgia, depression, and pain in joint involving shoulder region. The medications were noted to be re-ordered. The procedures that were ordered included trigger point injections to the bilateral upper trapezius, 1 session only. The documentation indicated the injured worker had taut and tender trigger points in the bilateral trapezii, which it was opined may be amenable to injections. The documentation indicated the injured worker had injections over 1 year ago, and they allowed her to sleep better, sit, walk, stand longer, and she was less depressed and anxious as a result of pain relief. additionally, the treatment plan included the injured worker had 8 to 10 session with a psychologist, and was feeling more confident and able to control her pain, depression and anxiety. The physician opined the injured worker needed more sessions. There was a Request

for Authorization submitted for review. The date of 04/09/2014 revealed the injured worker was not doing very well, and was anxious, nervous, and irritable. The mood was noted to be profoundly depressed. The documentation indicated without the medications, the physician opined, the injured worker could be at a significant suicide risk. The physician opined the injured worker should see a therapist for cognitive behavioral therapy. There was no Request for Authorization submitted to support the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (CBT) X twelve (12) sessions: 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), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy for an initial trial of 3 to 4 psychotherapy visits, and with evidence of objective functional improvement, a total of up to 6 to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously attended cognitive behavioral therapy. However, there was a lack of documentation of objective functional benefit that was received. The request for 12 sessions would be excessive without re-evaluation. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Cognitive Behavioral Therapy (CBT) X twelve (12) sessions is not medically necessary.

Trigger point injection for right upper trapezius: 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): 121, 122.

Decision rationale: The California MTUS Guidelines indicate that trigger point injections are not recommended to be repeated unless there is a greater than 50% pain relief for 6 weeks after an injection and there is documented evidence of objective functional improvement. The documentation indicated the injured worker had prior trigger point injections, and had relief for greater than 1 year, which allowed her better objective functioning. However, there was a lack of documentation indicating the injured worker's pain relief was greater than 50%. Given the above, the request for a Trigger point injection for right upper trapezius is not medically necessary.

Trigger point injection for left upper trapezius: 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): 121, 122.

Decision rationale: The California MTUS Guidelines indicate that trigger point injections are not recommended to be repeated unless there is a greater than 50% pain relief for 6 weeks after an injection and there is documented evidence of objective functional improvement. The documentation indicated the injured worker had prior trigger point injections, and had relief for greater than 1 year, which allowed her better objective functioning. However, there was a lack of documentation indicating the injured worker's pain relief was greater than 50%. Given the above, the request for a Trigger point injection for left upper trapezius is not medically necessary.

Office visit to administer injection X 1: Upheld

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

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.

Decision rationale: The Official Disability Guidelines indicate that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation failed to support the necessity for trigger point injections and as such an office visit for trigger point injections would not be supported. Given the above, the request for Office visit to administer injection X 1 is not medically necessary.