

Case Number:	CM15-0114444		
Date Assigned:	06/22/2015	Date of Injury:	12/16/2010
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25 year old male patient who sustained an industrial injury on 12/16/2010. A psychiatric evaluation dated 11/18/2014 reported the patient with subjective complaint of severe chronic pain along with a mood disturbance and sleeps concerns. He states his sleep being improved while taking the Mirtazapine but cannot tolerate the whole pill. He states that his appetite is decreased and sometimes does not feel like eating. His concentration is not that good. He is currently having therapy with a psychiatrist and it helps him while he is present in the doctor's office. He walks with a cane using some difficulty walking. The following diagnoses were applied: major episode, single, severe, and pain disorder associated with psychological factors and general medical condition. He was to continue with half dose of Mirtazapine, and was prescribed Bupropion XL 150 mg daily. On 11/20/2014 he underwent a heating pad trial for low back pain. The treating diagnoses were: cervical degenerative disc disease; thoracic discogenic syndrome, and lumbar degenerative disc disease. He is to continue with home exercise program. A recent primary treating office visit dated 05/28/2015 reported the patient having a good response to the trigger point injection. He has subjective complaint of chronic mid and low back radiating to bilateral legs with associated numbness, and tingling sensations right greater. He also complains of constant neck pain radiating into bilateral shoulders. He states the LidoPro creams helps keep oral medication intake down (gastritis). His mood is noted as poor. He reports taking: Bupropion XL, Mirtazapine, and Gabapentin. He also utilizes the transcutaneous nerve stimulator unit. The following diagnoses are applied: cervical degenerative disc disease; thoracic discogenic syndrome; lumbar degenerative disc disease,

gastritis, poor coping, and myofascial pain. The plan of care noted the patient continuing with psychotherapy session, pending pain management evaluation, recommendation to undergo a lumbar steroid epidural injection, continue with TENS, Omeprazole and LidoPro cream, completed CURES, recommending Tramadol/APAP, Flexeril, and acupuncture session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cervical Trigger Point Injections (DOS: Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and clinical findings which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Retro Cervical Trigger Point Injections (DOS: Unknown) is not medically necessary and appropriate.