

Case Number:	CM15-0120884		
Date Assigned:	07/01/2015	Date of Injury:	03/16/1995
Decision Date:	07/30/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56-year-old female with an industrial injury dated 03/16/1995. Her diagnoses included lumbar radiculitis, headaches, ongoing complex regional pain syndrome of bilateral upper extremities, complex regional pain syndrome of right lower extremity, chronic pain and status post shoulder surgery. Prior treatment included medications physical therapy, biofeedback and stellate ganglion block. She presented on 05/11/2015 with complaints of neck pain radiating down right upper extremity. The pain was accompanied by tingling constantly in the bilateral upper extremities to the level of the fingers and was associated with frequent and severe muscle spasms in the neck area. She also noted low back pain radiating down the bilateral lower extremities with numbness in the bilateral lower extremities to the level of the feet. She also complained of upper and lower extremity pain. The pain was rated as 9/10 on average with medications and 10/10 on average without medications. She reports ongoing activity of daily living limitations in the following areas due to pain: self-care and hygiene, activity, ambulation, hand function, sleep and sex. She is status post stellate ganglion block reporting less than 5% overall improvement. She reports the use of anti-seizure drugs, muscle relaxants, opioid pain medication, sleep aid, topical analgesic and pool therapy is helpful. She reports 60% improvement with the above treatment. Physical exam of the lumbar spine noted spasm in the paraspinous musculature. Tenderness was noted upon palpation in the spinal vertebral area at lumbar 4-sacral 1 level. Pain was increased with flexion and extension. Sensory exam showed no change since the last visit. There was tenderness of the left upper extremity with decreased range of motion due to pain. Right elbow range of motion was severely restricted. Associated findings in the upper extremities include allodynia present in the right upper extremity with discoloration present in the right upper extremity. Treatment plan included trigger points injection given at the visit. The injured worker reported moderate pain

relief following the injection. She also received a Toradol and B 12 injection and reported pain relief. The provider documents due to continued functional limitations in the injured worker's activities of daily living a continuation of home care assistance for 12 hours per day for 7 days a week is requested. Other treatment plans included MRI of the right elbow and medications. The request is for home care assistance and retrospective one myofascial trigger point (MFTP) injection (DOS 05/11/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective one myofascial trigger point (MFTP) injection (DOS 5/11/2015): 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): 122.

Decision rationale: Retrospective one myofascial trigger point (MFTP) injection (DOS 5/11/2015) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS does not support trigger point injections in the presence of radiculopathy, which this patient has in the upper and lower extremities. The request therefore for a trigger point injection is not medically necessary.

One home care assistance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50. 2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services- Page(s): 51.

Decision rationale: One home care assistance is not medically necessary per the MTUS Guidelines. The MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documentation is not clear that this patient is homebound and the request does not specify how many hours per week this is requested for therefore this request is not certified as medically necessary.

