

Case Number:	CM15-0175699		
Date Assigned:	09/11/2015	Date of Injury:	03/20/2000
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/08/2015

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, Hawaii
 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:

This 43 year old woman sustained an industrial injury on 3-20-2000 after turning while attempting to turn an obese patient in bed. Diagnoses include shoulder sprain. Treatment has included oral medications. Physician notes dated 7-27-2015 show complaints of shoulder pain rated 7 out of 10, limited sleep due to pain, headaches, and neck pain with stiffness and soreness. The physical examination shows slightly reduced range of motion to the cervical spine extension, lateral bending, and right and left rotation angles; cervical facet tenderness; muscle spasms to the trapezius, rhomboid attachment to scapula, middle scalene attachment to first rib, upper thoracic and rib intercostals, and pectoralis attachment to anterior shoulder; tenderness to palpation with taut bands at the shoulders; and normal range of motion of the shoulders and elbows. Recommendations include trigger point injections and Duloxetine. Utilization Review denied a request for acupuncture as the worker has exceeded the recommended number of sessions. The physician notes did not include recommendations for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections 3 sessions every 6-8 weeks - shoulders and neck (weeks) QTY: 24:
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The patient presents with pain affecting the bilateral shoulders and neck. The current request is for Trigger point injections 3 sessions every 6-8 weeks - shoulders and neck (weeks) QTY: 24. The treating physician report dated 8/24/15 (55C) states, "(The patient) qualifies for trigger point injections into her right elbow based upon the California Medical Treatment Utilization Schedule Chronic Pain Guidelines, page 122, posted 2014." MTUS under its chronic pain section has the following regarding trigger point injections: (pg. 122), "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The guidelines go on to state, "No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Frequency should not be at an interval less than two months." The medical reports provided do not show that the patient has received prior trigger point injections. In this case, the current request for 24 injections does not satisfy the MTUS guidelines as repeat injections are only supported when there is documentation of functional improvement and a 50% decrease in pain over a period of six weeks after an injection. Furthermore, the treating physician is requesting the injections every 6-8 weeks and the guidelines only support a frequency of 2 months or greater. The current request does not satisfy the MTUS guidelines as outlined on page 123. The current request is not medically necessary.

Acupuncture QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with pain affecting the bilateral shoulders and neck. The current request is for Acupuncture QTY: 12. The treating physician report dated 8/24/15 (39B) states, "insurance carrier has denied acupuncture treatments, even though it has reduced the severity of shoulder and trapezius pain in the past." The UR report dated 8/6/15 (4A) states, "The patient has already exceeded the recommended number of acupuncture sessions." Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." The medical reports provided show the patient has received an unknown quantity of acupuncture treatments previously. In this case, the current request of 12 visits does not satisfy the AMTG guidelines as it only supports treatment beyond 3-6 visits if functional improvement is documented. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the AMTG guidelines. The current request is not medical necessary.