

Case Number:	CM15-0026002		
Date Assigned:	02/18/2015	Date of Injury:	10/26/2011
Decision Date:	04/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61-year-old male, who sustained a work/ industrial injury on 10/26/11 when he fell off a ladder. He has reported symptoms of chronic right rotator cuff tendonitis, right acromioclavicular joint tendinosis, and right bicipital tendinosis. Prior surgery included right bicipital tendon repair and a rotator cuff repair, left Achilles tendon rupture repair x 2, arthroscopic surgery of the left shoulder. The diagnoses have included axial back pain and lumbar facet mediated pain. Treatments to date included functional restoration program, medication, surgery, medication, trigger point injections. Medications included Tramadol, Gabapentin, Naproxen, and Prilosec. Examination noted localized pain over the left buttock radiation to the back. There was tenderness over the left piriformis muscle. No trigger points were noted. Surgery was performed on 8/9/13 that included right shoulder surgery for a biceps tendon injury and rotator cuff repair. Following surgery there was significant pain that was now referring up to the neck area. On 10/20/14, he developed left sided buttock pain. There was also bilateral C5-6 facet pain, right lateral epicondylitis, as well as myofascial pain syndrome. On 2/5/15, Utilization Review non-certified a Chiropractic Treatment X 6 to Lumbar ; Trigger Point Injections X 3 to Neck-Upper Back , noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment X 6 to Lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Manual therapy & manipulation, p58- 59 Page(s): 58-59.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for chronic back pain. Treatments have included completion of a functional restoration program including performing an independent exercise program. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits with treatment beyond 4-6 visits with documented objective improvement in function. In the case, the claimant has ongoing symptoms despite extensive conservative treatments. The requested number of visits is consistent with guideline recommendations and therefore medically necessary.

Trigger Point Injections X 3 to Neck-Upper Back: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Trigger point injections (TPIs).

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for chronic back pain. Treatments have included completion of a functional restoration program including performing an independent exercise program. Prior treatments have included trigger point injections in November 2014 with reported 50% decrease in pain. The requesting provider documents that trigger points were found in the left piriformis. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the duration of pain relief following the previous trigger point injection is not documented and there repeat trigger point injections were not medically necessary.