

Case Number:	CM15-0068046		
Date Assigned:	04/15/2015	Date of Injury:	08/29/2014
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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: Internal 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 62 year old female, who sustained an industrial injury on 8/29/2014. The current diagnoses are cervical spondylosis without myelopathy, neuralgia neuritis/radiculitis, and post-concussion syndrome. According to the progress report dated 3/11/2015, the injured worker complains of neck pain with radiation to bilateral shoulders. She currently rates her pain 10/10, but ranges between an 8-10/10. Additionally, she reports difficulties with headaches, dizziness, blurred vision, phonophobia, and short-term memory. The current medications are Elavil, Amitriptyline, and Tylenol. Treatment to date has included medication management, computes tomography scan, MRI studies, acupuncture, physical therapy, trigger point injections, and neurologist consultation. The plan of care includes trigger point injections and neurocognitive testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient trigger point injection to 1-2 muscles: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Trigger point injections Page 122. Decision based on Non-MTUS Citation Work Loss Data Institute Neck and upper back (acute & chronic) 2013 <http://www.guideline.gov/content.aspxid=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that trigger point injections have limited lasting value. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that injection of trigger points have no proven benefit in treating acute neck and upper back symptoms. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that trigger point injections are not recommended. The primary treating physician's progress report dated 3/11/15 documented a history of concussion and cervical spine complaints. The date of injury was 8/29/14. There was no documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. Medical records document a history of neck pain. MTUS, ACOEM, and Work Loss Data Institute guidelines do not support the medical necessity of trigger point injection of the neck and upper back. Therefore, the request for trigger point injections is not medically necessary.

Neurocognitive testing: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Pages 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc.) Neuropsychological testing.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluations. Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures with use in pain problems, and in chronic pain populations. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Official Disability Guidelines (ODG) indicates that neuropsychological / neurocognitive testing is recommended for for concussion and traumatic brain injury. The medical records document traumatic brain injury. The date of injury was 8/29/14. The patient is a college professor. The patient was treated at the emergency department of a hospital on 9/16/14 for closed head injury and concussion. The primary treating physician's progress report dated 3/11/15 documented post concussion syndrome. On physical examination, the patient exhibited cognitive impairment, memory impairment, and difficulty manipulating numbers. Work status was TTD temporary total disability due to post concussion syndrome. The patient was referred for neurocognitive testing. The medical records document concussion and traumatic brain injury with symptoms persisting over thirty days. Therefore, the request for neurocognitive testing is supported by ODG guidelines. Therefore, the request for neurocognitive testing is medically necessary.

