MAXIMUS Federal Services

Case Number:	CM15-0091020		
Date Assigned:	05/15/2015	Date of Injury:	03/05/2012
Decision Date:	06/23/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 45 year old female, who sustained an industrial injury on 3/5/12. The injured worker has complaints of neck and back pain and stiffness as well as continued left shoulder complaints with decreased range of motion. The documentation noted that the injured workers neck examination reveals pain to palpation over the C3 to C4, C4 to C5 and C5 and C6 facet capsules, bilateral, secondary myofascial pain with triggering and ropey fibrotic banding and pain with rotational extension indicative of facet capsular tears bilateral. The diagnoses have included cervical sprain/strain subluxations (neuromechanical dysfunctions) with neuropathy and now fibrosis-maintained; thoracic sprain/strain subluxations, now likely fibrosis maintained; lumbar sprain/strain subluxations, now fibrosis-maintained and right sacroiliac dysfunction. Treatment to date has included magnetic resonance imaging (MRI) of the left shoulder revealed a superior labrum, anterior to posterior lesion as well as supraspinatus tendinitis; magnetic resonance imaging (MRI) of the cervical spine was relatively unremarkable; left shoulder arthroscopic debridement and subacromial decompression on 5/9/13; physical therapy; medial nerve blocks of the L3 and L4 July 2013 and radiofrequency ablation. The request was for trigger point injections (cervical, thoracic) 1 times 6 and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections (cervical, thoracic) 1 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: Guidelines note that trigger point injection is indicated when there is documentation of circumscribed trigger points with evidence of a twitch response and referred pain and if symptoms have persisted for more than three months. No more than 3-4 injections per session are recommended. In this case, the request for trigger point injection X 6 exceeds recommendations and is not medically appropriate and necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines note that drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. As in this case, patient at low risk for addiction should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. In this case, the last urine drug screen was on 12/3/14 and was normal. The request for another urine drug screen after 6 months is not medically appropriate and necessary.