

<b>Case Number:</b>	CM15-0093230		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/23/2008
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 4/23/2008. Diagnoses have included right shoulder ankylosis, post-operative with myofascial pain syndrome, cervical myofascial pain syndrome, right elbow ankylosis, right upper extremity paresthesias radiating from shoulder myofascial pain syndrome and anxiety and depression. Treatment to date has included medication. According to the progress report dated 5/4/2015, the injured worker complained of daily occipital headaches and persistent neck pain. She complained of paresthesias and cramps in her left upper extremity. She complained of right shoulder pain with overhead reaching. She complained of paresthesias in her right hand. Teeth were breaking from jaw clenching. She reported that pain interfered with sleep, relationships and ability to concentrate. Physical exam revealed trapezial muscle spasms. There was tenderness of the shoulders and elbows. Authorization was requested for trigger point injections into the right shoulder and neck muscle and cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions.

**Decision rationale:** Regarding the request for cognitive behavioral therapy, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there is no mental status exam. Additionally, guidelines recommend an initial trial before additional sessions are done. The currently requested amount exceeds both the initial trial amount which the last reviewer already authorized and the total number of sessions recommended. In light of the above issues, the currently requested cognitive behavioral therapy 12 sessions is not medically necessary.

**Trigger point injection into the right shoulder and neck muscle qty: 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested trigger point injections are not medically necessary.