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| Case Number: | CM15-0093799 | | |
| Date Assigned: | 05/20/2015 | Date of Injury: | 02/19/2014 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 05/15/2015 |

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: Texas, California

Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 02/19/2014. She has reported injury to the neck, right wrist, right shoulder, and low back. The diagnoses have included cervical sprain/strain; cervical disc herniation; cervical radiculitis/radiculopathy of the upper extremities; right wrist strain; right elbow/forearm strain; right shoulder strain; lumbar sprain/strain; lumbar radiculitis/radiculopathy of the lower extremities; sacroiliitis of the right sacroiliac joint; and status post right carpal tunnel release, on 03/20/2015. Treatment to date has included medications, diagnostics, trigger point injections, acupuncture, chiropractic manipulation, physical therapy, and surgical intervention. Medications have included Voltaren ER, Zyretec, Flonase and topical compounded cream. A progress note from the treating physician, dated 03/23/2015, documented a follow-up visit with the injured worker. The injured worker reported constant right hand pain and stiffness; pain is rated at 7/10 on the pain scale; left hand numbness and tingling; right shoulder pain, rated at 7/10 on the pain scale; cervical spine pain, rated at 3-5/10; and lumbar spine pain, rated at 3-5/10 on the pain scale. Objective findings included right carpal tunnel release, dated 03/20/2015; and injured worker is receiving trigger point injections. Retro request is being made for 5 Marlido kits (date of service: 01/07/2015 02/25/2015). Per the doctor's note dated 4/30/15 patient had complaints of pain in neck and back with radiation, numbness and tingling. Physical examination of the cervical and lumbar region revealed limited range of motion, muscle spasm and tenderness on palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Request 5 Marlido Kits DOS 1/7/15 - 2/25/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Request: Retro Request 5 Marlido Kits DOS 1/7/15 - 2/25/15. MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury till date. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. Patient had received trigger point injections for this injury. Any evidence of a greater than 50% pain relief for six weeks from previous injections and evidence of functional improvement was not specified in the records provided. The detailed response to previous trigger point injections for this injury was not specified in the records provided. The notes of previous trigger point injections documenting significant functional progressive improvement was not specified in the records provided. Rationale for repeating trigger point injections for this injury was not specified in the records provided. The patient has had lumbosacral radiculopathy, cervical radiculopathy. There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. The medical necessity of the request for Retro Request 5 Marlido Kits DOS 1/7/15 - 2/25/15 (for trigger point injections) is not fully established in this patient. The request is not medically necessary.