

Case Number:	CM13-0007397		
Date Assigned:	03/21/2014	Date of Injury:	01/12/2012
Decision Date:	04/22/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female sustained an injury on 1/12/12 while employed by the [REDACTED]. Requests under consideration include trigger point injection to the lumbar spine, toxicology screening performed on June 27, 2013, and future toxicology screenings. Report of August 13, 2012 noted patient with complaints of low back pain. Medications listed Flexeril, Celebrex, Soma, Cymbalta, and Gabapentin. Exam showed antalgic gait, tenderness over facets at L2-3 to L5-S1; muscle spasms; SLR produced axial pain. A twelve panel quantitative urine drug screens were done which revealed barbiturates. The provider had recommended a single drug screen and follow-up. Follow-up report of 4/24/13 noted same low back complaints with radicular pain down right lower extremity posteriorly to the knee with numbness and tingling. Medications listed Oxycodone and Soma. The patient has had eight physical therapy sessions with mild relief. Exam showed tenderness over the spinous process of the lumbosacral spine; limited range due to pain. Urine Oxycodone screen preliminary result was positive. Recommendations included Oxycodone and Soma. Of note, laboratory report dated June 27, 2013 revealed negative results for Oxycodone and Soma prescribed. The Trigger point injection was non-certified while both retro toxicology screening were modified on August 1, 2013 to partially-certify for a ten panel drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION TO THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, page 122 Page(s): 122.

Decision rationale: The goal of TPI's is to facilitate progress in physical therapy and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, according to the Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs (activities of daily living); however, in regards to this patient, exam findings identified radicular signs which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The trigger point injection to the lumbar spine is not medically necessary and appropriate.

FUTURE TOXICOLOGY SCREENINGS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43.

Decision rationale: The patient has had eight physical therapy sessions with mild relief. Exam showed tenderness over the spinous process of the lumbosacral spine; limited range due to pain. Urine Oxycodone screen preliminary result was positive. Recommendations included Oxycodone and Soma. Of note, laboratory report dated June 27, 2013, revealed negative results for Oxycodone and Soma prescribed. The Chronic Pain Medical Treatment Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid. Presented medical reports have unchanged symptoms with unchanged clinical findings. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain despite multiple inconsistent urine toxicology screening results. Documented history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level as requests have been appropriated modified for ten panel toxicology screening for both the retrospective and random prospective requests; however, necessity has not been established for the twelve panel quantitative testing. The future toxicology screenings are not medically necessary and appropriate.

TOXICOLOGY SCREENING, PERFORMED ON JUNE 27, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, page 43 Page(s): 43.

Decision rationale: The patient has had eight physical therapy sessions with mild relief. Exam showed tenderness over the spinous process of the lumbosacral spine; limited range due to pain. Urine Oxycodone screen preliminary result was positive. Recommendations included Oxycodone and Soma. Of note, laboratory report dated June 27, 2013, revealed negative results for Oxycodone and Soma prescribed. The Chronic Pain Medical Treatment Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid. Presented medical reports have unchanged symptoms with unchanged clinical findings. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain despite multiple inconsistent urine toxicology screening results. Documented history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level as requests have been appropriated modified for ten panel toxicology screening for both the retrospective and random prospective requests; however, necessity has not been established for the twelve panel quantitative testing. The toxicology screening performed on June 27, 2013, was not medically necessary and appropriate.