MAXIMUS Federal Services

Case Number:	CM13-0010024		
Date Assigned:	09/18/2013	Date of Injury:	06/08/2013
Decision Date:	05/22/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/12/2013

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 Orthopedic Surgery 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:

The claimant is a 29-year-old female injured in a work-related accident June 8, 2013, sustaining injury to the lumbar spine and hand. The clinical records for review include a progress report of August 16, 2013, an orthopedic reassessment with [redacted] showing subjective complaints of continued low back pain and bilateral hand numbness with difficulty with prolonged standing or sitting. Objective evaluation showed no gross deformity to the spine with equal and symmetrical reflexes, 5/5 motor tone, and diminished sensation over the calf when compared to the remainder of the lower extremity. There was noted to be "palpable trigger points" with a positive twitch response to the paravertebral muscles. Examination of the hands demonstrated no gross deformity, diminished sensation over the thumb, index, and middle digit, and positive Tinel testing. Recommendations at that time were for continuation of formal physical therapy, MRI scan, referral to a psychologist, work restrictions, and an ultrasound to the claimant's abdomen. The requests at present are for an MRI scan of the lumbar spine and retroactive request for trigger point injections of Lidocaine and Depo-Medrol performed to the low back on June 19, 2013. The claimant's June 19, 2013 assessment did indicate physical examination that showed low back pain with range of motion, muscle spasm to the paravertebral muscles with palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 & 303.

Decision rationale: Based on California ACOEM guidelines which state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option", a lumbar MRI scan would appear to be medically necessary. The claimant's last clinical assessment indicates radicular findings on examination in the form of sensory loss with continued complaints of low back and radiating pain. Based on failed conservative therapy to date, time frame from injury, and documentation of no prior MRI scans being performed, the role of the test would appear medically warranted.

RETRO TRIGGER POINT INJECTIONS OF LIDOCAINE AND DEOP MEDROL TO LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Trigger Point Injections

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

Decision rationale: Based on California MTUS chronic pain guidelines, trigger point injections retrospectively performed to the low back June 19, 2013 would not be supported. These findings were also present in the August 2013 assessment. . Examination of June 19, 2013 demonstrated spasm to the paravertebral muscle but no palpable twitching or trigger point response. Guideline criteria state that "(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" should be present when considering trigger point injections. The lack of documentation or records to support a twitch response at the June 19, 2013 assessment would fail to necessitate trigger point injections at this time.

PHYSICAL THERAPY TWO TO THREE TIMES A WEEK FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition, 2013, Low Back- PT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, eighteen sessions of physical therapy to the lumbar spine would not be supported. The clinical records for review

indicate chronic injury with no indication of acute symptomatic flare to the claimant's lumbar complaints. Physical examination showed no weakness or lack of function on examination. The California MTUS Guidelines would recommend the role of physical therapy in a chronic setting but for no more than 9-10 visits for a diagnosis of myalgias or myositis. The specific request in this case, based on therapy already rendered, would not be indicated.