

Case Number:	CM13-0022014		
Date Assigned:	12/11/2013	Date of Injury:	09/15/2008
Decision Date:	06/12/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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 46 year-old patient sustained an injury on 9/15/08 while employed by [REDACTED]. Requests under consideration include trigger point injection bilateral lumbar paraspinous muscles, caudal epidural with catheter, and lab: cbc with differential, chem 20, environmental impact assessment 9, free testosterone, URINALYSIS, urine drug screen. Diagnosis was Lumbago. Report of 8/8/13 from the provider noted the patient with chronic low back pain radiating to left calf. Exam showed tenderness at lumbar paraspinous; restricted Range of motion. Current diagnoses include COAT, thoracic or lumbosacral radiculopathy; myalgia/myositis; unspecified lumbosacral sprain/ spondylosis without myelopathy; failed back surgery syndrome; and chronic pain. The patient had previous TRI with relief lasting 2 weeks. Conservative care has also included medications, therapy and exercise program. The requests for TPI injection, Caudal Epidural injection, and labs with urine drug screen were non-certified on 9/3/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION BILATERAL LUMBAR PARASPINOUS MUSCLES:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRIGGER POINT INJECTION Page(s): 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT 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, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible 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. Therefore the Trigger Point Injection Bilateral Lumbar Paraspinal Muscles is not medically necessary and appropriate.

CAUDAL EPIDURAL WITH CATHETER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular symptoms, neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for the epidurals have not been met or established. The Caudal Epidural with Catheter is not medically necessary and appropriate.

LAB: CBC WITH DIFFERENTIAL, CHEM 20, ENVIRONMENTAL IMPACT ASSESSMENT 9, FREE TESTOSTERONE, URINALYSIS, URINE DRUG SCREEN.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ROUTINE SUGGESTED MONITORING, DRUG TESTING Page(s): 70, 43.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, it is unclear when and what previous labs have been performed with any significant results. There is also no

documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2008. Medication does not list if the patient is prescribed any (NSAIDs) non-steroidal anti-inflammatory drugs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. Additionally, submitted reports have not demonstrated any symptoms, clinical findings, or diagnosis requiring testosterone labs or indicated any aberrant drug behaviors. Per 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 this chronic 2008 injury. The patient has been P&S and is not working. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, 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; however, none are provided. The LAB: CBC with Differential, Chem 20, Environmental Impact Assessment 9, Free Testosterone, Urinalysis, Urine Drug Screen is not medically necessary and appropriate.