

Case Number:	CM13-0023294		
Date Assigned:	11/15/2013	Date of Injury:	05/09/2001
Decision Date:	01/02/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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.

CLINICAL CASE SUMMARY

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

79 y.o female with injury from 5/9/01 suffering from chronic low back pain. UR letter from 8/22/13 denied the request TPI's citing that the patient has a diagnosis of radiculopathy since 2012 with examination supporting this diagnosis and that the guidelines do not support the use of TPI's for radiculopathy. Review of the records show Dr. [REDACTED]'s report from 9/23/13 with a listed diagnoses of lumbar radiculopathy with L5-S1 discectomy from 1993; chronic lumbosacral strain; deconditioned muscles; opiate pain management; affective disorder due to chronic pain. The patient has left knee problems as well. Symptoms include continued symptoms down the right leg. Lower back pain is at her waist and down the leg. Pain scales are up to 10/10. Exam of L-spine showed tenderness to palpation, muscle spasm with myofascial trigger points with twitch responses in the paravertebral and piriformis muscles. There were other progress reports but they did not include discussion regarding trigger point injections. No history of prior injections were provided other than the patient's ESI's. The treater's 8/12/13 report has similar examination findings in lumbosacral region. The request was for "4 sessions" of TPI's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four sessions of trigger point injections into the lumbar vertebral muscles.: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: While this patient suffers from chronic low back pain with documentation of "trigger points" in the paravertebral and piriformis muscles, the treater has asked for "4 sessions" of trigger point injections. MTUS does not recommend more than 3-4 sites of TPI's per sessions. Since the treater is asking for "4 sessions", I not able recommend authorization. One session of trigger point injection would be reasonable which may be repeated if the patient experiences greater 50% reduction of pain lasting 4-6 weeks. In this case, the request is for 4 sessions which cannot be authorized. Trigger point injections are not indicated for radiculopathy, but is indicated for myofascial pain. This patient appears to suffer from both and the patient's myofascial pain component may be treatable with TPI's. However, MTUS does not clarify this distinction and does not allow for TPI's when radiculopathy is present. Therefore, even if the request was for just one session, given the patient's radiculopathy, trigger point injections would not be indicated. The request for four sessions of trigger point injections into the lumbar vertebral muscles is not medically necessary and appropriate.

12 sessions of psychological consultation for cognitive behavioral training.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

Decision rationale: While the treater provides the documentation that this patient suffers from chronic pain and would likely benefit from behavioral/cognitive intervention, the requested 12 sessions exceeds what is recommended per guidelines. MTUS supports psychological treatments for psychological issues that surround chronic pain but does not specify how many treatments are allowed. The ODG guidelines, however, recommend starting with 3-4 sessions then continuing if the patient is benefiting. In this case, the request was for 12 sessions and recommendation is for a denial. The request for 12 sessions of psychological consultation for cognitive behavioral training is not medically necessary and appropriate.