

Case Number:	CM13-0023531		
Date Assigned:	11/15/2013	Date of Injury:	04/04/2003
Decision Date:	01/15/2014	UR Denial Date:	09/09/2013
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 Preventative Medicine and Occupational Medicine 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic low back pain, chronic abdominal pain, and chronic neck pain reportedly associated with an industrial injury of April 4, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; spinal cord stimulator; prior lumbar diskectomy; revision diskectomy and subsequent fusion; a later electrodiagnostic testing apparently consistent with lumbar radiculopathy superimposed on diabetic neuropathy; unspecified amounts of physical therapy and chiropractic manipulative therapy; abdominal hernia repair surgery; and extensive periods of time off of work. In a utilization review report of September 9, 2013, the claims administrator denied a request for two trigger point injections, certified a pain management consultation for removal of the spinal cord stimulator, certified laboratory testing, and denied a request for Norco. The applicant's attorney subsequently appealed, on September 11, 2013. An earlier note of August 20, 2013 is notable for comments that the applicant was having heightened and reportedly severe low back pain during the evaluation. The applicant wonders whether an indwelling lumbar mesh might be contributing to his pain. He is tender about the lumbar spine, has palpable tender points, and also has weakness about the lower extremities with 4/5 left great toe strength appreciated. The applicant has difficulty walking on his toes and heels. He exhibits an antalgic gait. His diabetes is fairly well controlled, it is stated. He does have electrodiagnostically confirmed radiculopathy status post multiple spine surgeries. He is given trigger point injections and is asked to continue Norco for pain relief. The applicant is also asked to consider removal of the abdominal mesh and/or removal of the spinal cord

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) prominent trigger point injections to the paralumbar between 8/20/13 and 8/20/13:
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(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for pursuit of trigger point injection therapy include evidence of myofascial pain with probable, circumscribed trigger points in individuals who have tried and failed medication management therapy, physical therapy, and/or muscle relaxants in whom there is no evidence of radiculopathy. In this case, however, there was evidence of radiculopathy on exam, with lower extremity weakness and gait derangement appreciated. The applicant, moreover, apparently has an electrodiagnostically confirmed lumbar radiculopathy status post multiple prior spine surgeries. The applicant was not, consequently, a candidate for the proposed trigger point injections. Therefore, the request is retrospectively non-certified.

Norco 10/325, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, however, none of the aforementioned criteria was seemingly met. The applicant's pain was heightened. There is no evidence of reduction in pain owing to Norco usage. There is no evidence of improved function in terms of non-work activities of daily living. Finally, the applicant had not returned to work and continued to remain off of work, on total temporary disability, as of the date of the request. Thus, on balance, continuing opioid therapy in this context was not indicated. Therefore, the request remains non-certified, on independent medical review.