MAXIMUS Federal Services

Case Number:	CM13-0026334		
Date Assigned:	11/22/2013	Date of Injury:	04/12/1991
Decision Date:	01/21/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 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 patient is a 55-year-old female who reported an injury on 04/12/1991. The mechanism of injury was noted to be that the patient stepped in a hole and began having neck and low back pain. Her symptoms include neck pain that radiates into both shoulders and down both upper extremities to her hands, low back pain which radiates down the anterior, lateral, and posterior aspects of both lower extremities, and multiple tender points both above and below the waist and to the left and right of the midline. At her most recent office visit stated as 10/11/2013, it was noted that since the time of her last visit, her pain level in general had worsened, and she complained of severe muscle spasms. Her pain medications were listed as OxyContin 40 mg, Percocet 10/325 mg, Flexeril 10 mg, and Prozac 20 mg. It states that the patient has not reported any adverse effects from the pain medications. It is also stated that there are no signs or symptoms of functional impairment. A prior CT scan of the lumbar spine was noted to show anterolisthesis of L3 on L4, well stabilized with screw and rod fixation, it states that the left pedicle screw crosses through the cortex of the superior lateral recess, and is extremely close to the left L4 exiting nerve root in the lateral recess which could be associated with her left radicular symptoms, at L4-5, there was no evidence of compromise of the spinal canal, but there was right posterolateral spurring associated with right foraminal stenosis, and the pedicle screws are well positioned in the L4 vertebral body. The physical exam findings included a well healed scar along the anterior portion of the cervical spine, a well healed scar along most of the lumbar spine, trigger points in the neck and in the right thigh, markedly antalgic gait, tenderness to palpation in the midline of the cervical spine, thoracic spine, lumbar spine, and sacroiliac joints bilaterally, cervical range of motion was noted to be limited, and lumbar range of moti

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections: 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 Section Page(s): 122.

Decision rationale: The California MTUS Guidelines state that trigger point injections are recommended only for myofascial pain syndrome and not for radicular pain. The criteria for use of trigger point injections includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, symptoms have persisted for more than 3 months, medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDS, and muscle relaxants have failed to control pain, radiculopathy is not present, no more than 3 to 4 injections per session, no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documentation of evidence of functional improvement, frequency should be an interval less than 2 months, and trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. As the patient was noted to have radicular symptoms into the bilateral upper extremities as well as the bilateral lower extremities, and a CT scan showed pathology consistent with radiculopathy as well, the request is not supported as the criteria is not met. Therefore, the requested service is non-certified.

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to the ACOEM Guidelines, the criteria for ordering imaging studies are an emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The patient has been shown to have physiological evidence of neurological dysfunction; however, it is not known how her progress has been and whether she is involved in a strengthening program at this time. Therefore, this request is not supported. For this reason, the request is non-certified.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to ACOEM Guidelines unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The patient was noted to have significant neurologic findings upon examination, and has not responded to treatment. However, it was noted that [redacted] had recommended against further neck surgery for this patient; therefore, it is not known as to the reason an MRI is being requested as surgery is not considered an option at this point. For this reason, the request is non-certified.

TENS unit: 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 Chronic Pain Section Page(s): 116.

Decision rationale: The California MTUS Guidelines state the criteria for the use of a TENS unit includes documentation of pain of at least 3 months, evidence that other appropriate pain modalities have been tried, including medications, and failed, a 1 month trial period of a TENS unit should be documented with documentation of how the unit was used, as well as the outcomes in terms of pain relief and function, other ongoing pain treatment should also be documented during the trial, including medication usage, a treatment plan including the specific short and long-term goals of treatment with a TENS should be submitted. The documentation provided for review fails to state whether the patient has had a 1 month trial period of the TENS unit. Therefore, documentation of how the unit was used, as well as outcomes in terms of pain relief and function, is not available. Additionally, a treatment plan was not submitted which included specific short and long-term goals of the treatment with a TENS unit. For these reasons, the request is non-certified.

Prescription of pain medication: 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 Medications for Chronic Pain Section Page(s): 60.

Decision rationale: The California MTUS Guidelines state that medications for chronic pain are recommended according to each specific drug. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased

activity. As the specific pain medication being requested was not noted, a recommendation cannot be made. Additionally, the documentation submitted for review including the patient's most recent office note, failed to provide detailed documentation of pain relief and improvement in function and activity related to the medications. Pending more detailed information regarding the request, and the effect of the medication, the request is not supported. Therefore, the request is non-certified.