

<b>Case Number:</b>	CM13-0040748		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/28/2008
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 and is licensed to practice in Ohio and Texas. 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 48 year old female who reported an injury on 08/28/2008 after she attempted to catch a falling person. The patient has injury to her neck, mid back, low back, right upper extremity, and right lower extremity. The patient continued to experience severe pain and was non-responsive to surgical interventions, physical therapy, chiropractic care, injections, and medications. The patient's most recent clinical evaluation revealed the patient had 10/10 pain radiating into the bilateral upper and lower extremities. The patient had restricted cervical range of motion and restricted lumbar range of motion with decreased motor strength in the bilateral upper and lower extremities. The patient's diagnoses included post-laminectomy syndrome and myalgia. The patient's treatment plan included continued medications, continued physical therapy, a lumbar MRI, and trigger point injections

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG).

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

**Decision rationale:** The requested MRI of the lower back is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously underwent an MRI for the low back. Although it is noted within the documentation that the patient has continued radicular complaints, it is not clearly indicated if there has been a significant change in the patient's clinical presentation. The Official Disability Guidelines recommend repeat imaging when there are progressive neurological deficits or a significant change in the patient's pathology. The clinical documentation does not clearly indicate that the patient has had progressive neurological symptoms or a significant change in pathology since the prior MRI. As such, the requested MRI of the lower back is not medically necessary or appropriate

**Trigger Point Injections.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG).

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

**Decision rationale:** The requested trigger point injections are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is currently participating in an active therapy program. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommends trigger point injections when there are circumscribed trigger points identified by a twitch response during physical examination. The clinical evaluation did not provide any evidence of identified trigger points. Additionally, trigger point injections are not recommended when there is evidence of radiculopathy. The clinical documentation submitted for review does provide evidence that the patient has radiculopathy and does not clearly indicate trigger points that would benefit from injection therapy. As such, the requested trigger point injections are not medically necessary or appropriate.