

Case Number:	CM13-0043778		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2008
Decision Date:	05/29/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 Orthopaedic Surgery 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:

The claimant reportedly sustained injuries to the back region due to a work-related injury. The mechanism of injury is not provided. The claimant has been diagnosed with posttraumatic headaches, a C7 radiculopathy bilaterally, myofascial pain syndrome, and insomnia. The claimant was evaluated on September 17, 2013. The physical examination findings documented decreased range of motion of the cervical and thoracic spine. Multiple trigger points and taut bands were noted throughout the cervical paraspinous musculature, as well as the thoracic and lumbar musculature. Decreased grip strength was noted with testing of the right upper extremity. Decreased sensation was also noted in the right forearm. The claimant reportedly underwent multiple trigger point injections on September 17, 2013. Previous trigger point injections were noted to be non-certified due to the fact that the medical records did not document any objective evidence of functional improvement following the previous injections. The claimant is noted to be taking oral medications including Tramadol for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS PROVIDED ON 9/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point Injections. Page(s): 122.

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

Decision rationale: As noted on page 122 of MTUS chronic pain medical treatment guidelines, there must be documentation of 50% improvement in function following trigger point injections for injections to be repeated. They are not supported in individuals with radicular pain complaints. Physical examination findings must document circumscribed trigger points with evidence upon palpation of the twitch response, as well as referred pain. Since the claimant is noted to have radicular pain complaints in the right upper extremity and the physical examination findings are not within treatment guideline recommendations, the request for trigger point injections retroactively is non-certified. It is also noted that the claimant has not had greater than 50% relief and documented evidence of functional improvement following the previous injections to support repeated injections. There is some mention that there is 50% improvement in pain, but no documentation of any evidence of functional improvement to support repeated injections. The retrospective request for trigger point injections on September 17, 2013 is not medically necessary.

A URINE DRUG SCREEN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute's Disability Guidelines (ODG), Urine Drug Testing (UDT), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: As noted on page 78 of MTUS chronic pain medical treatment guidelines, urine drug screen testing is supported to monitor compliance with opioid medications being prescribed. The prior utilization review decision does not discuss the rationale for not approving the Urine Drug testing. The decision for authorizing the POC Immunoassay test screen was based on the ODG treatment guidelines. The claimant is prescribed opioid medications and was started on Tramadol. Obtaining a urine drug screen to ensure no other opioid medications are prescribed and compliance with treatment has taken place, the request for a urine drug screen is determined to be medically indicated.