

Case Number:	CM13-0046090		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2008
Decision Date:	03/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 34-year-old male who reported an injury on 06/30/2008. The patient is currently diagnosed with L4-5 disc protrusion, status post L4-S1 anterior/posterior fusion in 2011, lumbar radiculopathy, hypertrophic changes at the facet joints at L4-S1, myofascial pain syndrome, and insomnia. The patient was seen by [REDACTED] on 09/25/2013. The patient reported persistent severe back pain radiating into the left lower extremity. Physical examination revealed diffuse tenderness to palpation, limited lumbar range of motion, positive straight leg raising, 5/5 motor strength in the bilateral lower extremities, and hypoesthesia in the S1 dermatome in the bilateral lower extremities. Treatment recommendations included continuation of current medications including Percocet with trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four Trigger Point Injections to Bilateral Lumbar Area: Upheld

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

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. As per the documentation submitted, there was no evidence of circumscribed trigger points with palpation of a twitch response as well as referred pain upon physical examination. There is also no evidence of a failure to respond to recent conservative treatment including stretching exercises, physical therapy, NSAIDs, and muscle relaxants. The patient has previously undergone a series of trigger point injections. Although it is noted that the patient received 50% improvement, there was no evidence of objective measurable improvement for 6 weeks after the injections. The patient continuously utilizes opioid medication, muscle relaxants, NSAID medication, and insomnia medication despite ongoing treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Percocet 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.