

Case Number:	CM13-0053834		
Date Assigned:	03/03/2014	Date of Injury:	03/27/2013
Decision Date:	05/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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:

Diagnostic studies reviewed include MRI of the lumbar spine dated 09/30/2013 revealed at L4-L5 there is a 3 mm posterior disc bulge, bilateral facet hypertrophy causing mild thecal sac narrowing. There is mild bilateral neural foraminal narrowing. Progress note dated 10/22/2013 documented the patient to have complaints of continued back pain that is dull and aching in nature. There is burning in the low back with numbness, tingling and weakness into the lower extremities. There is some radiating and spasm in the low back. Objective findings on exam included there is tenderness to palpation in the lumbar spine. Six trigger points in the lumbar spine causing severe spasm. The range of motion is decreased. Straight leg raise is positive in bilateral lower extremities. Sensory exam reveals diminished bilateral L5 sensation. Motor strength is 5/5 bilaterally. Deep tendon reflexes reveal L4 reflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 6 TRIGGER POINT INJECTION WITH DATE OF SERVICE 10/22/2013: 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: According to the CA MTUS guidelines, trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when several criteria have been met, which include:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3)Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session. The medical report states the patient has six trigger points, however there is no documentation of a circumscribed trigger point with evidence of palpation of a twitch response as well as referred pain. In addition, progress note dated 10/22/2013 documented the patient to have complaints of continued back pain that is dull and aching in nature, with burning in the low back with numbness, tingling and weakness into the lower extremities. Examination documented decreased sensation. The guidelines state radiculopathy must not be present. Also, the medical records do not demonstrate that symptoms had persisted for more than three months. Regardless, trigger point injections in the presence radiculopathy is not recommended. In addition, review of the records does not demonstrate other medical management therapies including ongoing stretching exercises, physical therapy and judicious use of medications, had failed to control pain. The records document the patient was to undergo PT, however, the results of therapy has not been documented. Lastly, the patient was administered six trigger point injections in one session, however the guidelines recommend no more than 3-4 injections per session. Given all of these factors, the patient was not a candidate for trigger point injections. Consequently, recommendation is to non-certify the retrospective request for trigger point injections.

6 CHIROPRACTIC SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-59.

Decision rationale: The CA MTUS guidelines state for the low back chiropractic care is recommended as an option. Therapeutic care is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6-8 weeks. According to the medical records, on 09/18/2013 the patient was to undergo a course of physical therapy; however, the medical records do not confirm whether this course of treatment took place or the results of therapy. Furthermore, review of the medical records documents the patient had chiropractic treatment with no benefit to him. Chiropractic care may be continued with evidence of objective functional improvement, however, the patient did not benefit from prior chiropractic, and so additional chiropractic is not recommended. The medical necessity for chiropractic treatment has not been established. Therefore, the request for chiropractic is non-certified.

EMG OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The guidelines state that if neurological examination is less clear, further evidence of nerve dysfunction should be obtained before obtaining an imaging study. The progress note dated 10/22/2013 documents that the physical examination revealed 5/5 motor strength of the lower extremities, symmetrical reflexes, and diminished L5 sensation bilaterally, this finding is symmetrical, and is not consistent with suspicion for nerve root compromise. In addition, an MRI of the lumbar spine was obtained on 09/30/2013, three weeks before the follow-up visit. The medical records document the patient was to undergo a course of physical therapy, however the results of that course of treatment had not been documented. It not established that this patient has failed to respond to conservative interventions. The request for EMG study is not supported by the evidence-based guidelines and is not certified.

NCV OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies

Decision rationale: The guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not NCV. According to the guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, the patient's examination revealed full motor strength, and symmetrical reflexes and sensory examination throughout the bilateral lower extremities. The requested NCV of the lower extremities is not supported by the guidelines and is not certified.