

Case Number:	CM13-0060570		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2008
Decision Date:	04/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Interventional Spine, 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 with a date of injury of 10/17/2008. The listed diagnoses per [REDACTED] dated 11/06/2013 are: 1. Right sacroiliitis. 2. Myofascial pain with muscle spasms. 3. Lumbar radiculopathy. 4. Lumbar facet arthropathy. According to report dated 11/06/2013 by [REDACTED], the patient presents with chronic pain due to lumbar radiculopathy and lumbar facet arthropathy. The patient reports experiencing increased pain on the right side of her low back and buttocks. The patient describes her pain as being constant, sharp, throbbing, and aching in nature. The patient states the pain radiates down the right leg. The examination showed there were multiple levels of myofascial pain to palpation on the right side of the lumbar region of the patient's back. There was also pain noted with palpation on the right sacroiliac joint. It was noted that Gaenslen's test and Patrick's test are both positive on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The patient presents with chronic pain due to lumbar radiculopathy and lumbar facet arthropathy. The provider is requesting cyclobenzaprine 75 mg #100. The MTUS Guidelines has the following regarding cyclobenzaprine, it is "recommended for short course of therapy. Limited and mixed evidence does not allow for recommendation for chronic use." The MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using 3 to 4 days for acute spasms and no more than 2 to 3 weeks. The requested Cyclobenzaprine #100 is not medically necessary and recommendation is for denial.

2 lumbar 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 Page(s): 122.

Decision rationale: The patient presents with chronic pain due to lumbar radiculopathy and lumbar facet arthropathy. The provider is requesting 2 lumbar trigger point injections. The MTUS Guidelines, under its chronic pain section, has the following regarding trigger point injections: "recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." The MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. In this case, on examination, there is no documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." Furthermore, report dated 11/06/2013 indicates that patient has "lumbar radiculopathy" and "the pain radiated down his right leg." The MTUS does not recommend trigger point injections in patients with radicular pain. The requested lumbar trigger point injections are not medically necessary and recommendation is for denial.

1 right sacroiliac joint corticoid injection under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with chronic pain due to lumbar radiculopathy and lumbar facet arthropathy. The provider is requesting a right sacroiliac joint corticosteroid injection under fluoroscopy. The MTUS and ACOEM do not discuss sacroiliac joint injections; however, the Official Disability Guidelines (ODG) does not support the treatment with sacroiliac

joint (SIJ) in the absence of objective findings consistent with sacroiliitis." The ODG has the following regarding SI joint injections in their pelvic/hip chapter, "Criteria for the use of sacroiliac blocks includes history and physical suggest diagnoses, failed aggressive conservative measures, positive diagnostic response recorded as 80% for duration of local anesthetic, frequency for blocks is 2 months or longer, etc." The ODG also requires objective findings of at least 3 positive findings via examination. In this case, the patient only had positive Gaenslen's and Patrick's test. The provider also does not summarize the patient's failure from other conservative treatments. The requested sacroiliac joint injection is not medically necessary and recommendation is for denial.