MAXIMUS Federal Services

Case Number:	CM13-0072651		
Date Assigned:	02/10/2014	Date of Injury:	04/04/2008
Decision Date:	06/12/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesia, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 43-year-old who reported and injury on April 4, 2008. The mechanism of injury was not stated. Current diagnoses include status post C5-7 ACDF, lumbar sprain and strain with right lower extremity radiculopathy and mild facet arthropathy, bilateral L5 radiculopathy, and bilateral shoulder bursitis/tendonitis/impingement. The injured worker was evaluated on October 30, 2013. Current medications include tramadol ER. The injured worker reported relief of symptoms following acupuncture therapy. The injured worker reported increasing lower back pain. Physical examination revealed tenderness to palpation with spasm in the lumbar spine, positive straight leg raising, decreased sensation in the right lower extremity, tenderness to palpation of the cervical spine, and positive axial compression testing. Treatment recommendations at that time included a trigger point injection and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TRIGGER POINT INJECTION RIGHT LEVATOR SCAPULAR, PROVIDED ON OCTOBER 30, 2013,: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state trigger point injections are recommended for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. As per the documentation submitted, there is no mention of a failure to respond to medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants. There is also no evidence of circumscribed trigger points with a twitch response as well as referred pain. Therefore, the injured worker does not meet criteria for a trigger point injection. The request for one trigger point injection right levator scapular, provided on october 30, 2013, is not mediacally necesssary or appropriate.

SIXTY TRAMADOL CHL 150MG, PROVIDED ON OCTOBER 30, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER)..

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a theraputic trial of opiods should not be employed until the patient has failed a trial of nonopiod analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized tramadol ER 150 mg since February of 2013. The injured worker continues to report increasing lower back pain. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. The request for sixty Tramadol CHL 150mg, provided on october 30, 2013, is not medically necessary or appropriate.