

Case Number:	CM14-0001146		
Date Assigned:	01/22/2014	Date of Injury:	09/19/2007
Decision Date:	07/14/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 27-year-old female who reported an injury on 09/19/2007. The mechanism of injury was from lifting boxes. Within the clinical note dated 11/12/2013, the injured worker complained of knee pain which was persistent around her patella and joint; however, she has no instability regarding this. Upon the physical exam, the provider noted the injured worker's overall functional level and capacity has improved. The provider noted the injured worker had facet injections which were not effective. The provider noted the injured worker had relief from medication, stretching, heat, and trigger point injections. The documentation submitted indicated 4 trigger point injections in the lumbar paraspinal region were completed. Within the clinical note submitted dated 11/12/2013, the injured worker complained of knee pain which persisted around her patella and joint. The diagnosis included lumbar disc disectomy without myelopathy. The provider requested for a purchase of a TENS unit, and tizanidine for muscle spasms. The Request for Authorization was submitted and dated 11/18/2013 for the retrospective trigger point injections, 11/20/2013 for the purchase of a TENS unit, and 01/03/2014 for Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE LUMBAR TRIGGER POINT INJECTION, QTY: 4: Upheld

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

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

Decision rationale: The injured worker complained of knee pain which persisted around her patella and joint; however, she had no instability regarding her knee. The California MTUS Guidelines recommend lumbar trigger point injections only for myofascial pain syndrome, with limited lasting value, and is not recommended for radicular pain. Trigger point injections with local anesthetic may be recommended for the treatment of chronic low back pain, neck pain, and myofascial pain syndrome when all the following criteria are met. Guidelines note documentation of circumscribed trigger points with evidence upon palpation of twitch response as well as referred pain. Symptoms had persisted for more than 3 months. Medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Radiculopathy is not present. No more than 3 to 4 injections per session. No repeat injections unless a greater than 50% relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Frequency should not be for an interval less than 2 months. Trigger point injections with any substance other than anesthetic with or without steroids are not recommended. The documentation submitted indicated the injured worker to have undergone previous trigger point injections; however, there is a lack of documentation indicating the injured worker to have 50% pain relief which was obtained for at least 6 weeks after the injection. There is a lack of documentation indicating evidence of functional improvement. There is a lack of objective findings indicating the injured worker to have evidence upon palpation of a twitch response as well as referred pain. Therefore, the requests for retrospective lumbar trigger point injections quantity 4 are not medically necessary.

TIZANIDINE 4 MG, QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Muscle Relaxants (For Pain) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63, 65, 66.

Decision rationale: The injured worker complained of pain to her knee which persisted around the patella and joint; however, she reported no instability regarding her knee. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note tizanidine is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of objective findings indicating the injured worker had muscle spasms. The injured worker had been utilizing the medication for an extended period of time since at least 11/2013 which exceeds the guidelines recommendations for short term use for 2 to

3 weeks. Additionally, the request failed to provide the frequency of the medication. Therefore, the request for tizanidine 4 mg # 90 is not medically necessary.

TENS UNIT PURCHASE, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114, 116.

Decision rationale: The injured worker complained of knee pain which persisted around her patella and joint; however, she reported no instability regarding her knee. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend documentation of pain of at least 3 months duration. Guidelines recommend evidence that other appropriate pain modalities had been tried, including medication, and failed. A 1 month trial of TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the TENS unit was used, as well as the outcomes in terms of pain relief and function, rental would be preferred over purchase during this trial. There was a lack of documentation indicating significant deficit upon the physical exam. The injured worker's previous course of conservative care was unclear. There is a lack of documentation indicating the injured worker underwent an adequate TENS trial. The request submitted indicated the purchase of a TENS unit; however, the guidelines recommend a 30 day trial with rental. Therefore, the request for TENS unit purchase is not medically necessary.