

Case Number:	CM14-0004662		
Date Assigned:	02/05/2014	Date of Injury:	01/07/2008
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records indicate that this is an individual whose injury dates back to January 7, 2008. The primary diagnosis is noted to be a brachial neuritis or radiculitis. The notes indicate that the symptoms were controlled with medications. There was some tenderness to palpation of the thoracic and lumbar region the spine with the lower lumbar muscle spasms noted. Straight leg rising was positive bilaterally. There were several trigger points identified on physical examination. Prior trials of acupuncture had been successful. A home exercise protocol is being pursued. Also noted is a history of multiple prior back surgeries. The progress note dated January, 2013 indicates ongoing neck pain and pain into the bilateral upper extremities. There are no side effects to the medication protocol outlined from the previous visit. A discharge summary and a discharge from medications are reported. At that time 6 sessions of acupuncture were requested as well as a home exercise protocol and a gym protocol 3 times a week. The December, 2013 follow-up evaluation noted the pain remained unchanged subsequent to the visit, there are no side effects from the medications, and the quality of sleep is described as poor. The note indicates that the injured worker is being referred back to his primary treating provider. The physical examination completed in December, 2013 noted this 5'3", 201 pound individual who is normotensive. A slightly reduced cervical spine range of motion is reported, and there are multiple surgical scars seen in the lumbar spine. Lumbar range of motion is limited to 65° of flexion and 10° of extension. There is tenderness to palpation and muscle spasm noted in the lower lumbar region. Facet joint loading is positive bilaterally. The deep tendon reflexes are noted to be 2/4. There is no motor or sensory loss identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

XRAY OF THE LUMBAR SPINE WITH LATERAL FLEXION AND EXTENSION

VIEWS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Chapter: Low Back-Lumbar And Thoracic Radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: As outlined in the ACOEM guidelines, use of plain films is recommended in acute low back pain for this clinical situation with red flags or fracture. Based on the most current physical examination presented for review, there are no red flags. This is a gentleman who has undergone multiple lumbar surgeries who continues to have a number of comorbidities to include muscle spasm, decreased range of motion and there is no suggestion of instability or infection. This is an individual who has a chronic pain scenario has been addressed with a chronic pain scenario is undergoing multiple separate physical modalities. Therefore, the request for xray of the lumbar spine with lateral flexion and extension views is not medically necessary and appropriate.

TRIGGER POINT INJECTION (LUMBAR PARA VERTEBRAL; THORACIC PARASPINALS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Chapter 9 Page(s): 122/127.

Decision rationale: The chronic pain medical treatment guidelines are clear that trigger point injections are recommended only for myofascial pain syndrome situations. There is to be evidence of a specific trigger point with a twitch response and none is noted in the progress notes presented for review. Additionally, the efficacy of the physical management (exercises etc.) is not noted. Lastly, when noting the multiple surgical interventions and the complaints of lower extremity symptomology it is not clear if there is or is not a radiculopathy. Therefore, based on the insufficient clinical records presented, the request for trigger point injection (lumbar para vertebral; thoracic paraspinals) is not medically necessary and appropriate.

ACUPUNCTURE 1 TIMES A WEEK TIMES 8 WEEKS FOR THE SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The use of acupuncture has a clinical indication more so in the acute phase. As outlined in the acupuncture guidelines, the time to produce functional improvement is 3 to 6 treatments. This request exceeds that parameter. The optimum duration is 1 to 2 months and again, this parameter is exceeded. Therefore, based on the utilization parameters identified in the guidelines, taking the consideration the date of injury, the lack of any significant positive response from previous acupuncture interventions, there is insufficient data presented to support this request. Therefore, the request for acupuncture 1 times a week times 8 weeks for the spine is not medically necessary and appropriate.