

Case Number:	CM14-0005106		
Date Assigned:	03/03/2014	Date of Injury:	08/05/2002
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 and Rehabilitation 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:

The patient is a 65-year-old male with an 8/5/02 date of injury and status post cervical laminectomy for placement of spinal cord stimulator (undated). There is documentation of subjective findings of continued neck pain, especially when turning the head. Objective findings of dysesthesias and pain in a nonspecific dermatomal distribution down both upper extremities. Current diagnoses of chronic pain syndrome and status post cervical spinal cord stimulator). Treatment to date includes medications consisting of ongoing opioid therapy. In addition, 1/24/14 medical report identifies a diagnosis of myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL TRIGGER POINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 122

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TRIGGER POINT INJECTIONS, 122

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome and status post cervical spinal cord stimulator and myofascial pain syndrome. In addition, there is documentation that symptoms have persisted for more than three months; and failure of conservative treatment (medications). However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; additional medical management therapies such as ongoing stretching exercises and physical therapy have failed to control pain; and no more than 3-4 injections per session. In addition, despite documentation of objective findings (dysesthesias and pain in a nonspecific dermatomal distribution down both upper extremities), there is no (clear) documentation that radiculopathy is not present (by exam). Therefore, based on guidelines and a review of the evidence, the request for cervical trigger point injection is not medically necessary and appropriate.

URINE TOXICOLOGY TESTING, 3 TIMES PER YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of urine drug screen. The Official Disability Guidelines (ODG) supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnosis of chronic pain syndrome and status post cervical spinal cord stimulator. In addition, there is documentation of on-going opioid therapy. However, there is no documentation that the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for urine toxicology testing, 3 times per year is not medically necessary and appropriate.