MAXIMUS Federal Services

Case Number:	CM14-0109620		
Date Assigned:	08/01/2014	Date of Injury:	05/08/2012
Decision Date:	10/03/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/15/2014

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 Louisiana. 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 30 year old female who sustained an injuryon 05/08/2012. The mechanism of injury is unknown. The patient has received 5 TPII, all with benefit.Diagnostic studies reviewed include x-rays of the lumbar spine dated 02/18/2014 revealed mild spondylotic changes at L5-S1. MRI of the lumbar spine dated 01/18/2014 revealed L4-5 disc bulge variably 1.9 to 2.7 mm and a L5-S1 disc bulge 3.8 mm. Progress report dated 05/07/2014 states the patient presented with sharp, stabbing low back pain and muscle spasms rated as 6-7/10, numbness and tingling of both legs, left greater than right. She also reported bilateral knee pain rated as 7-8/10 with associated numbness and tingling with pain radiating to the feet. She stated her pain is temporarily relieved with rest. Her exam revealed a normal gait. She has bilateral paraspinal muscle guarding; tenderness over the quadriceps muscles, over the spinous processes at L3-L5. Her range of motion is decreased and straight leg raise sitting root is negative on the right and positive on the left. She has slightly decreased sensation in left lower extremity. She is diagnosed with lumbar spine HNP, low back pain, spondylosis of the lumbar region, bilateral knee pain, and rule out lumbar radiculopathy. She is recommended for LINT to the lumbar spine 1x6 weeks and trigger point injection.Prior utilization review dated 07/08/2014 states the request for TPII (Trigger point injection) 1 X 6-9 weeks is denied ; and LINT 1 X 6-9 weeks is denied as it is not adequately supported by peer review literature.

IMR ISSUES, DECISIONS AND RATIONALES

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

TPII (Trigger point injection) 1 X 6-9 weeks: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injections, Page(s): 122.

Decision rationale: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome and is not recommended for radicular pain. In this case, the supporting documentations are showing radicular pain in bilateral leg with numbness and tingling which do not meet the recommendation of the guidelines. Therefore, this is not medically necessary at this time.

LINT 1 X 6-9 weeks: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1-127.

Decision rationale: The CA MTUS and ODG do not provide any evidence based recommendation and no scientific literature has addressed the issue of localized intense neurostimulation therapy. There is no description of what the procedure is, or any supporting documentation on how it is intended to cure or relieve back pain. Therefore, with the lack of supporting documents, the request for this type of therapy is not medically necessary.