

Case Number:	CM14-0011200		
Date Assigned:	02/21/2014	Date of Injury:	04/06/2001
Decision Date:	08/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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 55-year-old male who has submitted a claim for Right L4-5, L5-S1 facet arthropathy; right L5 radiculopathy, chronic pain, and myofascial pain syndrome in the right lumbar paravertebral musculature associated with an industrial injury date of April 6, 2001. Medical records from 2013 were reviewed, which showed that the patient complained of right-sided low back pain, rated 5/10. He also noted muscle spasm on the right lumbar region. On physical examination, lumbar spine range of motion was decreased on all planes. Facet loading and straight leg raise tests were negative. Muscle spasm was noted on the right paravertebral musculature with positive twitch response with radiation to the thoracic region and buttock. Sensation was intact but mild weakness was noted on both lower extremities. Electrodiagnostic study dated March 13, 2013 revealed evidence of bilateral median neuropathy at the wrist consistent with carpal tunnel syndrome; and decreased amplitude of bilateral peroneal motor response likely due to atrophy of extensor digitorum brevis muscle, which may be caused by bilateral L5/S1 radiculopathy versus peroneal neuropathy at the ankle. An MRI of the lumbar spine dated April 9, 2013 revealed mild L3-4 and mild to moderate L4-5 canal stenosis; and neural foraminal narrowing including L1-2 moderate bilateral, right L2-3 mild to moderate, left L2-3 severe, L3-4 severe bilateral, right L4-5 mild, and L5-S1 severe bilateral. The treatment to date has included bilateral carpal tunnel release, lumbar epidural steroid injection, right lumbar rhizotomy, physical therapy, chiropractic care, home exercise program, at least six acupuncture sessions, and medications including Norco 10/325 mg four per day. A utilization review from January 13, 2014 denied the request for trigger point injection of 5 Kenalog with 1 cc of 1/4 Marcaine to the right lumbar spine because true circumscribed trigger points did not appear to have been present and the records indicated that the patient was experiencing a general muscle spasm; and 8 acupuncture sessions because the patient received at least 10 acupuncture sessions

which did not appear to have produced significant lasting functional improvement. The same utilization review modified the request for Norco 10/325 #90 with 2 refills to Norco 10/325 mg #90 no refills because the prior review certified one prescription of Norco with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION OF 5 KENALOG WITH 1 CC OF 1/4 MARCAINE TO THE RIGHT LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

Decision rationale: According to page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections with a local anesthetic may be recommended when all of the following criteria are met: (1) documentation of circumscribed trigger points with evidence of a twitch response and referred pain; (2) symptoms have persisted for more than three months; (3) conservative management have failed; (4) radiculopathy is not present; (5) not more than 3-4 injections per session; (6) no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) frequency should not be at an interval less than two months; and (8) trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. In this case, the request for trigger point injections was made because of muscle spasm in the right lumbar paravertebral musculature. However, there were no documented circumscribed trigger points on physical examination. There was also no discussion regarding failure of conservative management. Furthermore, there was electrodiagnostic evidence of lumbar radiculopathy as well as MRI findings of neural foraminal compromise at multiple lumbar levels. The criteria were not met. Therefore, the request for trigger point injection of 5 Kenalog with 1 cc of 1/4 Marcaine to the right lumbar spine is not medically necessary.

8 ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines referenced by California MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be

extended if functional improvement is documented. In this case, acupuncture twice a week for four weeks was requested as the patient's lumbar myofascial pain and active trigger points were more likely to be improved with acupuncture since rhizotomy procedure was already performed. The records showed that the patient underwent at least six acupuncture sessions and although temporary relief was achieved, there was no documentation of objective evidence of functional improvement. Therefore, the request for 8 acupuncture sessions is not medically necessary.

NORCO 10/325 #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco was being prescribed since at least February 2013 (17 months to date). However, given the 2001 date of injury, the exact duration of opioid use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also do not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. Although opioids may be appropriate, additional information would be necessary as California MTUS require clear and concise documentation for ongoing opioid management. Therefore, the request for Norco 10/325 #90 with 2 refills is not medically necessary.