

Case Number:	CM14-0017883		
Date Assigned:	04/16/2014	Date of Injury:	05/02/2013
Decision Date:	08/11/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/12/2014

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 injured worker is a 44-year-old male with a reported injury date of 05/02/2013. The mechanism of injury was not provided. The injured workers diagnosis includes lumbosacral strain/arthrosis. The clinical note dated 11/21/2013 noted the injured worker had complaints of intermittent low back pain with left lower extremity radiculopathy. It was noted that the injured worker received 6 sessions of acupuncture for his low back with 20% improvement and also increased his flexibility. In addition, it was noted the injured worker completed 11 sessions of physical therapy for the low back, which also increased his flexibility. The injured worker stated that these 2 combined conservative treatments reduced his low back pain by 50% and also increased his ADLs. On physical examination on lumbar spine, it was noted that there was pain in the midline L3-5 and bilateral paraspinal musculature with negative straight leg raise bilaterally. In addition, it was noted that the injured worker had 5/5 strength to the quadriceps. The clinical note dated 01/07/2014 noted that the injured worker continued to have complaints of low back pain. On physical examination of lumbar spine, it was noted there was pain in the midline thoracic spine and lumbar spine L3-S1 and on the left side paraspinal musculature. In addition, it was noted that the muscle strength was 5/5 throughout. The injured worker was given a 60 mg Toradol injection in the right gluteus medius region and given a trigger point injection of Depo-Medrol and Xylocaine injection to the left paraspinal musculature. A qualified medical evaluation performed 02/06/2014 noted the injured worker had chief complaints that include low back pain and numbness in legs and feet. On physical examination of the thoracic/lumbar spine it was noted that there was no specific tenderness over the lumbar spinous process, sciatic notch, posterior iliac crest, around the gluteal muscles, posterior thigh, or sacral coccygeal region. In addition, it was noted that there was no evidence of any spasm in the thoracic or lumbar spine. It was noted that muscle strength was 4/5 during flexion and extension. In addition, it was noted

there was trigger points noted over the erector spinous bilaterally and range of motion was restricted. The injured worker had a negative straight leg raises bilaterally. There were no motor sensory deficits were noted. It was documented that the physician believed that the injured worker had reached his maximum medical improvement. The Request for Authorization form for a MRI of the lumbar spine and trigger point injections and Toradol injection was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: trigger point injection and injection of 60mg toradol with 2cc xylocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68,122.

Decision rationale: The retro request for trigger point injection and injection of 60 mg Toradol with 2 cc Xylocaine is not medically necessary. In regards to the trigger point injections, the California MTUS Guidelines state that trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when certain criteria is met. This criteria includes documentation of trigger points that produce a twitch response upon palpation, as well as referred pain; symptoms have 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; and there is no more than 3 to 4 injections per sessions. This request remains unclear, as there is no evidence that the patient had trigger points that produced a twitch response, as well as referred pain. Additionally, there is no evidence that the injured worker has failed other conservative care measures, to include stretching exercise, physical therapy, NSAIDs and muscle relaxants. Furthermore, the California MTUS Guidelines do not recommend the addition of a corticosteroid during trigger point injections. Therefore, the request for trigger point injections cannot be supported. In regards to the request for Toradol injection, the California MTUS Guidelines state that NSAIDs may be recommended as a second line treatment option after acetaminophen for acute exacerbations of chronic low back pain. This request remains unclear, as there is no adequate pain assessment provided within the documentation. Additionally, there is no evidence that the injured worker attempted to take acetaminophen for the pain. Furthermore, there is no rational provided as to why the patient would need an inject able NSAID versus a more traditional oral medication. Therefore, the request for Toradol injection is not supported. Therefore, this request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for a MRI of the lumbar spine is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine guidelines state that unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in injured workers that do not respond to treatment and would consider surgery an option. When neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. The guidelines also state that indiscriminate imaging would result in false positive findings that are not the source of painful symptoms and would warrant surgery. In addition, the guidelines state that imaging studies should be reserved for cases in which surgery is considered a red flag diagnosis or being evaluated. There is a lack of physical exam findings provided within the documentation that would warrant the need for imaging studies because there is lack of evidence the injured worker has neurological dysfunction. Therefore, this request is not medically necessary.