

Case Number:	CM14-0179784		
Date Assigned:	11/04/2014	Date of Injury:	08/16/1999
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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 Surgeon and is licensed to practice in Georgia and South Carolina. 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 58-year-old male who reported an injury on 08/16/1999. The mechanism of injury was a fall. The injured worker was noted to undergo MRIs of multiple body parts. The injured worker underwent surgical intervention including a spinal surgery, a right elbow epicondyle release and 4 knee arthroscopies. Prior therapies included trigger point injections. The documentation of 05/06/2014 revealed the injured worker had chronic low back pain radiating into the bilateral legs and was continuing to wait for surgical authorization. The injured worker had tenderness to palpation bilaterally in the lumbar paraspinal musculature. There were spasms in the same area. The straight leg raise was positive on the right and negative on the left. The documentation indicated the injured worker was provided with trigger point injections in 2 areas of the lumbar paraspinal musculature that were spasmed and had taut muscle fibers. The documentation indicated the injured worker exhibited a discrete focal tenderness located in a palpable taut band of skeletal muscles producing a local twitch response to pressure against the band. The injured worker was noted to have developed a myofascial pain syndrome with direct relationship between specific trigger points and its associated pain region. Additionally, the injured worker was provided refills with appropriate medications. The injured worker underwent a 2 level decompression of the left L5, left S1 nerve roots with facetectomy, left L5-S1 extensive foraminotomies over both independent nerve roots, and placement of epidural narcotics on 06/09/2014. There was no Request for Authorization submitted for the requested interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for trigger point injection (Marcaine .5%, Ketoralac, Dexamethasone) paralumbar (DOS not indicated): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ODG Pain trigger point injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121,122.

Decision rationale: The California Medical Treatment & Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of 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 there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the injured worker had prior trigger point injections. There was a lack of documentation of objective functional improvement and an objective decrease in pain for six weeks after the injection. The date of the prior trigger point injections was not provided. The requested date of service was not provided. Given the above, the retrospective request for trigger point injection (Marcaine 0.5%, ketorolac, dexamethasone) paralumbar date of service not indicated is not medically necessary.

Retrospective request for Omeprazole 20mg #60 (DOS not indicated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers who are at intermediate or high risk for gastrointestinal events. There was a lack of documented rationale for the requested medication. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency and the date of service being requested. Given the above and the lack of documentation, the retrospective request for omeprazole 20 mg #60 date of service not indicated is not medically necessary.

