

Case Number:	CM14-0021131		
Date Assigned:	05/07/2014	Date of Injury:	02/02/2007
Decision Date:	07/09/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/20/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 70 year old with an injury date on 2/2/07. Based on the 1/22/14 progress report provided by [REDACTED] the diagnoses are 1. Myofascial pain syndrome 2. Lumbar spine strain 3. Status post (s/p) Lumbar spine spinal surgery and 4. Sacroiliac (SI) joint pain. Exam of L-spine on 1/22/14 showed pain upon palpation of paraspinal muscles, and decreased range of motion by 10% in all planes. Pain at trigger points, positive straight leg raise exam." [REDACTED] is requesting trigger point injection times four to the right paraspinal muscles under ultrasound guidance lower back. The utilization review determination being challenged is dated 1/31/14 and rejects trigger point injections due to not meeting physical examination requirements for trigger point injections, and urine drug screen due to lack of clear rationale (no aberrant behavior, no opioids). [REDACTED] is the requesting provider, and he provided treatment reports from 10/23/13 to 1/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS X4 TO THE RIGHT PARASPINAL MUSCLES UNDER ULTRASOUND GUIDANCE - LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF TRIGGER POINT INJECTIONS Page(s): 122.

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

Decision rationale: This patient presents with increased lower back pain with numbness and spasms. The treater has asked trigger point injection times four to the right paraspinal muscles under ultrasound guidance lower back on 1/22/14. The 12/30/13 report states patient had trigger point injection 4 months ago with 50% relief. The 1/28/14 report states patient received 6 weeks benefit from previous trigger point injection. Regarding trigger point injections, MTUS recommends repeat injections if greater than 50% pain improvement within 6 weeks, and documentation of functional improvement. In this case, the treater documents prior pain relief and pain improvement that meets MTUS guidelines for four repeat trigger point injections. However, the treater wants to use ultrasound, which is not indicated. Trigger point injections are guided by specific examination findings and is not something that is visualized via ultrasound or other diagnostic measures. Furthermore, examination findings are lacking that include taut and referred pain. Recommendation is not medically necessary.

URINE SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse Page(s): 94-95.

Decision rationale: This patient presents with increased lower back pain with numbness and spasms. The treater has asked urine screen on 1/22/14. On 10/23/13, patient is taking Naproxyn 550mg, Omeprazole 20mg, Neurontin300mg, Flexeril 7.5mg. On 1/22/14, patient underwent urine drug screen which came out negative for all substances tested, and showed compliance with current medications. On 10/23/13, urine drug screen came out negative for all substances tested, and showed compliance. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. However, this applies to patients that are on opiates and UDS's are used to manage chronic opiate use. This patient was not on any opiates and there was no need for UDS testing. Recommendation is for denial.