

Case Number:	CM14-0025937		
Date Assigned:	06/13/2014	Date of Injury:	11/07/2005
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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, has a subspecialty in Pain Management 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 female patient with the date of injury of November 7, 2005. A utilization review determination dated February 18, 2014 recommends non-certification of trigger point injections into the sacroiliac distribution using Depo-Medrol, Bupivacaine, and lidocaine, x-ray of the lumbar spine, and an MRI of the lumbar spine. A progress note dated January 30, 2014 identifies subjective complaints of catching pain in the lumbar region, pain relief with a previous hardware block, and future plans for hardware removal. Physical examination identifies in the lumbar spine motion restriction with pain, guarding with motion, radiation of pain into bilateral buttocks with hyperextension of the lower back, presence of muscle spasms, negative straight leg raise bilaterally in the seated and supine positions, deep tendon reflexes of bilateral ankles is 2+ and bilateral knee is 2+, lower extremity strength is 5/5 of bilateral knee and hip with flexion and extension. Diagnoses include status post posterior lumbar fusion at L4 - 5 and L5 - S1 done October 17, 2006 and symptomatic hardware based on hardware block done in 2012. At the time of this visit the patient underwent localized trigger point injections into the sacroiliac distribution using Depo-Medrol, Bupivacaine and lidocaine. No apparent complications were noted and there is documentation that the patient reported reduced pain immediately following the procedure. X-rays of the lumbar spine performed on the day of the visit show intact hardware at the level of L4 to S1. The treatment plan recommends Motrin 800 mg as needed for pain up to two times a day, continuation of a home exercise program, recommendation for a new MRI of the lumbar spine to be done prior to surgery to assess the levels above the patient's fusion, and report of possible hardware removal surgery in the month of September. The patient's work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS INTO THE SACROILIAC DISTRIBUTION USING A COMBINATION OF DEPO MEDRO, BUPIVICAINE AND LIDOCAINE (PERFORMED ON 1/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. The Official Disability Guidelines (ODG) states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. Therefore, the request for trigger point injections into the sacroiliac distribution using Dep-Medrol, Bupivacaine, and lidocaine are not medically necessary and appropriate.

X-RAYS OF THE LUMBAR SPINE (PERFORMED ON 1/30/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays).

Decision rationale: MTUS/ACOEM Guidelines state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. MTUS/ACOEM Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, there is no mention of any red flags for serious spinal pathology that would warrant an x-ray. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Also, it is unclear when the most recent imaging was performed. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the

currently requested lumbar x-ray. In the absence of clarity regarding those issues, the request for lumbar x-ray is not medically necessary and appropriate.

NEW MRI SCAN 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. Also, it is unclear when the most recent imaging was performed. Therefore request for a new MRI of the lumbar spine is not medically necessary and appropriate.