MAXIMUS Federal Services

Case Number:	CM14-0027647		
Date Assigned:	06/13/2014	Date of Injury:	07/12/2012
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 47-year-old male with a date of injury of 07/12/2002. The listed diagnoses per [redacted] are:1. Degenerative lumbar/lumbosacral intervertebral disc.2. Lumbosacral spondylosis without myelopathy.3. Lumbago.4.Thoracic/lumbosacral neuritis/radiculitis.According to progress report 01/08/2014 by [redacted], the patient presents with low back, right hip, and right leg/foot pain. The patient is currently taking the medication Anaprox DS 550mg which decreases his pain. The patient reports associated symptoms including numbness, tingling, and burning in his hip and leg. The patient's treatment history included physical therapy and medication. Examination of the lumbar spine revealed "no trigger points plus paralumbar muscle spasms." Range of motion was mildly decreased on all planes and the patient had negative straight leg raise bilaterally. MRI of the lumbar spine from 09/19/2013 revealed mild to moderate disc degeneration and facet arthropathy at L4-5 and L5-S1 and mild foraminal stenosis at L5-S1. The treater is recommending "baseline COX II inhibitor due to the relative safety of COX-2 inhibitor versus traditional nonselective NSAID." He also recommends a lumbar epidural steroid injection for therapy for discogenic and radicular pain and a Trigger point injection for myofascial pain symptoms. Utilization review denied the requests on 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BASELINE COX II INHIBITOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

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

Decision rationale: This patient presents with chronic neck and low back pain. The provider is requesting a "baseline COX II inhibitor." For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." MTUS pg.67, 68 further states, "evidence from the review suggested that not one NSAID, including COX-2 inhibitors, was clearly more effective than another (Roelofs-Cochrane, 2008)." In this case, the medical records show this patient has been prescribed Anaprox since 10/29/2013 with reported benefits. It appears the provider is recommending replacing traditional NSAID with a Cox-2 inhibitor. MTUS states there is no evidence that one NSAID (including cox-2 inhibitors) was more effective than another. Given the patient is already on Anaprox with efficacy, the requested cox-2 inhibitor is not medically necessary.

INTERLAMINAR VERSUS TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: This patient presents with low back, right hip, and right leg/foot pain. The provider is requesting an "interlaminar versus transforaminal lumbar steroid injection therapy for discogenic and radicular pain symptom treatment." The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." In this case, the MRI showed mild to moderate disc degeneration and facet arthropathy at L4-5 and L5-S1 and mild foraminal stenosis at L5-S1. There is no significant herniation or stenosis and on examination the patient had negative bilateral straight leg raise testing. MTUS requires a clear diagnosis of radiculopathy that include dermatomal distribution of pain/paresthesia with corroborating imaging studies. Interlaminar Versus Transforaminal Lumbar Epidural Steroid Injection is not medically necessary and appropriate.

TRIGGER POINT INJECTION (LUMBAR): 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 Page(s): 122.

Decision rationale: This patient presents with chronic upper and lower back pain. The treater is requesting "TPI for myofascial pain symptoms." The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, on 01/08/2014 treater noted on examination "no trigger points." There was no evidence of "twitch response" or taut bands as required by MTUS. Furthermore, the patient has a diagnosis of Thoracic/Lumbosacral neuritis/radiculitis and presents with radicular pain. MTUS do not recommend trigger points when radiculopathy is present. Recommendation is for denial.