

Case Number:	CM14-0043637		
Date Assigned:	07/02/2014	Date of Injury:	09/06/2012
Decision Date:	08/20/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/10/2014

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 Emergency Medicine 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 has a reported date of injury on 9/6/2012. Mechanism of injury is described as a lifting injury at work. Patient has a diagnosis of lumbar disc displacement, lumbar disc spondylosis and chronic pain syndrome. Medical records reviewed were reports up to 6/4/2014. Most recent reports are not relevant to the original UR requested which was requested on 3/19/14 since prospective data does not retrospectively change the MTUS criteria used to determine medical necessity in the original UR request. Records were reviewed until 3/19/14. Patient reports worsening back pain for several months. Trigger point injections have helped temporarily with muscle spasms and pain. Pain radiates down both legs. Objective exam reveals tenderness to lumbar paraspinal muscles. Flexion to 45degrees worsens pain. Straight leg raise worsens pain bilaterally down to the ankles with normal strength. Diminished light touch to L- L5 distribution. An MRI of lumbar spine (4/15/12) reveals lateral disc bulge at L3-4 extending to R lateral recess without definitive root nerve impingement, broad based disc bulge at L4-5 and L5-S1. An MRI of lumbar spine (10/12/12) reveals minimal central herniation at T12-L1 with slight thecal sac effacement, minimal bulge to L1-2, mild retrolisthesis at L2-3 and no significant change in bulges from L3-S1 region. Patient has gotten prior L5-S1 bilateral transforaminal epidural steroid injection with 60% improvement on 5/1/13; medial branch blocks at bilateral T11-12 and T12-L1 with 90% improvement in pain on 6/5/13 and at L4-5 and L5-S1 with 85% relief on 9/18/13. All injections seem to improve pain for only 2-3days. Patient has attempted medications, chiropractic, acupuncture and home exercise with little improvement. This Independent Medical Review is for Trigger point injections x2 to bilateral paraspinal muscles (1 week apart) and a Lumbar spine MRI.Prior Utilization Review (UR) on 4/8/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections times 2, to bilateral lumbar paraspinal muscles given one week apart: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: It is noted on records, that the patient received an office trigger point injection on 3/19/14 and the note states that the patient was to follow up for 2 more injections. Prior records report that patient reports improvement in pain but relief is very brief and lasts for only a few days. As per MTUS Chronic pain Guidelines, Trigger Point Injections are recommended only for myofascial pain syndrome and are not recommended for radicular pain. Patient fails multiple criteria for trigger point injection. There is no documentation of actual trigger points, documentation of actual radiculopathy and failure of moderate term (6weeks) improvement in pain of least 50%. Trigger point injection is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304,309.

Decision rationale: As per the record from 3/19/14, it only states that MRI of lumbar spine may be needed for potential future surgery if the injection does not improve pain. As per ACOEM guidelines, imaging of low back complaints carry significant false positive risks and diagnostic confusion. Imaging should be reserved for patients under surgical consideration or red flag diagnosis. It is not recommended in patients with no red flags. The documentation does not support any red flag diagnosis and patient's pain is stable although there has been a flare up ongoing for several months. Patient is not yet a surgical candidate and has yet to even be assessed for future surgery by a spine surgeon. Presumptive MRI in case patient is considered for surgery is not appropriate. The documentation does not support any medical need for imaging. MRI of Lumbar spine is not medically necessary.