

Case Number:	CM14-0044251		
Date Assigned:	07/02/2014	Date of Injury:	09/16/1995
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational 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:

This is a 44 year old male patient with a 9/16/1995 date of injury. The mechanism of injury was that the patient was working under a rail car when two rail cars rolled down a hill and hit the rail car he was working on. On a progress noted 6/12/2014 patient complaining of increased lower back pain. Also complaining of ongoing right shoulder and knee pain, along with a sticking of the proxiaml joint of the right thumb with various range of motions. Patient has very good success with facet rhizotomy. First being on 10/18/2012 where the patient experienced 70% relief with the ability to increase activity, range of motion, sleeps better and performs more activities of daily living greater than 6 months. A subsequent facet rhizotomy was performed on 9/23/2013 with similar results. Patient had 50 - 60% relief and a pain score of 4 on a scale of 1 to 10 which also lasted greater than 6 months. Medical records also state that the patient has routine trigger point injections at his monthly follow up visits which gives good pain relief of greater than 50% and increased range of motion few minutes later. Objective: cervical spine decreased range of motion in all planes. Tenderness to palpation on the cervical musculature on the right and the trapezius muscle. Right shoulder tenderness to palpation. Active should abduction is between 90 to 100 degress, limited secondary to pain. Bilateral elbows and wrists reveals a positive Tinel's sign at the right elbow. Intrinsic muscle wasting noted along the thenar and hypothenar muscles bilaterally. Decreased sensation along the third, fourth, and fifth digits on the right and fourth and fifth digits on the left. Positive Tinel's sign at the right wrist. Tenderness to palpation to posterior lumbar musculature along with increased muscle rigidity bilaterally. Trigger points that are palapable and tender throughout the lumbar paraspinal muscles. Decreased range of motion. Able to bend forward to about the level of his knee and extension is limited to about 10 degrees. He has pain with both maneuvers but worse with extension. Facet loading causes pain in his low back region. Tenderness to palpation to right knee along the

anterior joint line with mild swelling. Positive crepitus noted to gentle range of motion throughout the plane. 11/3/2011 CT of Right Knee shows degenerative arthritis, 3/31/2011 MRI of cervical spine reveals at C4-5, C5-6 and C7-T1, there is posterior disc protrusion with mild hypertrophic facet changes at C4-5, at C6-7, there is a 2 to 3-mm posterior disc protrusion. A 10/13/2010 Lumbar Spine CT revealed at L4-5 significant loss of disc height with a vacuum phenomenon, a 6-mm central disc protrusion with moderate to severe facet hypertrophy and lateral recess stenosis bilaterally. At L5-S1 there is a vacuum phenomenon with moderate to severe facet hypertrophy, lateral recess stenosis bilaterally and a 2 to 3-mm posterior disc protrusion. At L3-4 there is a 3 to 4-mm central disc protrusion with moderate facet hypertrophy and lateral recess stenosis. 3/5/2008 Right Shoulder MRI reveals a focal full-thickness tear of the supraspinatus tendon at its insertino with mild acromioclavicular osteoarthritis and infraspinatus tendonitis. Diagnostic Impression: Lumbar spine sprain/strain, Lumbar facet arthropathy, Left lower extremity radiculopathy, Left knee below-knee amputation, 1996, with 2 revisions, Post-traumatic stress disorder, Right rotator cuff tear, Right knee internal derangement. Treatment-to-date: facet ablation relief over 6 month. Arthroscopic surgery x 2 pcl repair, arthroscopic right shoulder sugery 5/1/2009, trigger point injections. A UR Decision dated 3/25/2013 denied the request for intrathecal drug delivery system, pysch clearance for intrathecal pump and the decision for four trigger point injections. The available patient information received does not provide compelling reasons to override cited guidelines that were not met. Therefore the request for intrathecal drug delivery system is not medically necessary. Concerning the pysche clearance for an intrathecal pump, the above comprehensive psychological evaluation has been authorized and the evaluation may be expected to include such an assessment. A separate requested pyschological clearance for an intrathecal pump is not authorized and therefore is not medically necessary. Concerning the four trigger point injections, the available patient information received does not provide compelling reasons to override the cited guidelines that were not met with recent prior TPI without 50% pain relief for 6 weeks after an injection. Therefore, the request for 4 trigger point injection is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Drug Delivery System: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Chronic Pain Medical Treatment Guideline Page(s): 52-53.

Decision rationale: The California MTUS states that intrathecal morphine may be indicated following failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain. There is no documentation stating a temporary trial has been implemented nor been successful. Furthermore, patient has experienced

significant improvement with facet rhizotomy greater than six months on two separate occasions 10/18/2012 and 9/23/2013. Therefore the request for intrathecal drug delivery system is not medically necessary.

Psych Clearance for Intrathecal Pump: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines CA MTUS 9792.24.2 (Psychological Consult and Treatment Page(s): 100-101.

Decision rationale: The California MTUS states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. A psychological clearance for a trial intrathecal pump was given by a [REDACTED] on 4/3/2014. A separate requested psychological clearance for an intrathecal pump is not authorized. Therefore the request for psych clearance for intrathecal pump is not medically necessary.

4 Trigger Point Injections (10cc of 0.25% bupivacaine): 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 CA MTUS 2009: 9792.24.2. (Trigger Point Injections Page(s): 122.

Decision rationale: The MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. The medical documents supplied do not demonstrate a 50% pain relief for six weeks after an injection. Therefore the request for four trigger point injection is not medically necessary.