

Case Number:	CM14-0064376		
Date Assigned:	07/14/2014	Date of Injury:	10/16/2012
Decision Date:	08/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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, 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 injured worker is a 48-year-old male who reported an injury on 10/16/2012. The mechanism of injury was not provided for clinical review. Diagnoses include postoperative status post C5-6 and C6-7 ADR/TDA, cervical spondylosis, lumbar sprain/strain, degenerative disc disease at L5-S1, low back pain, and pain in thoracic spine. Previous treatments include surgery, medications, x-rays, MRI, and physical therapy. In the clinical note dated 04/18/2014, it was reported that the injured worker complained of pain in the lumbar spine with some numbness. The injured worker complained of some pain in the cervical spine with spasms. On physical examination, the provider noticed decreased sensation and decreased range of motion of the neck by 10% in all planes. The provider indicated the injured worker had a negative Spurling's, normal strength and reflexes. The provider indicated the injured worker had positive spasms of the lumbar spine paraspinal muscles. The provider noted 4 trigger point injections would be administered today. The provider requested for trigger point injections and a TENS unit. The rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections (TPI) x 4 to bilateral lumbar/sacral paraspinal muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections (TPI).

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

Decision rationale: The request for trigger point injections times 4 to bilateral lumbar/sacral paraspinal muscles is The request for trigger point injections times 4 to bilateral lumbar/sacral paraspinal muscles are not medically necessary. The injured worker complained of pain in the lumbar spine with numbness. The injured worker complained of some pain in the cervical spine with spasms. The California MTUS Guidelines recommend lumbar trigger point injections only for myofascial pain syndrome with limited lasting value, and it is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for treatment of chronic low back pain or neck pain as well as myofascial pain syndrome when the following criteria are met. The documentation of circumscribed trigger points with the evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than 3 months. The medical management therapy such as ongoing stretching exercise, physical therapy, NSAIDs, and muscle relaxants have failed to control pain, and radiculopathy is not present. No more than 3 to 4 injections per session. Repeat injections, unless they are greater than 50% pain relief, is obtained for 6 weeks after the injection and there is documented evidence of functional improvement. The injections should not be at intervals less than 2 months. Trigger point injections with any substance other than local anesthetic without steroids are not recommended. There is a lack of documentation indicating the medical management therapy such as ongoing stretching, physical therapy, NSAIDs, muscle relaxants have failed to control pain. There is a lack of significant objective findings indicating the injured worker had trigger points with palpation of a twitch response as well as referred pain. Therefore, the request is not medically necessary.

Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) Unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrical Nerve Stimulation (TENS) Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The injured worker complained of pain in the lumbar spine with numbness and also in the cervical spine with spasms. The California MTUS Guidelines does not recommend a TENS unit as a primary treatment modality. According to the guidelines, a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is evidence that other appropriate pain modalities have been tried, including medication, and failed. The result of the studies is inconclusive, the published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There was a lack of documentation indicating significant deficits upon the physical examination. The documentation submitted failed to provide the efficacy of the injured worker's prior course of conservative care. There is a lack of documentation indicating the injured worker underwent an adequate trial of the TENS unit. The guidelines also recommend

rental over purchase during the trial. Therefore, the request for purchase of a TENS unit for the lumbar spine is not medically necessary.