

Case Number:	CM14-0072006		
Date Assigned:	07/16/2014	Date of Injury:	02/19/2001
Decision Date:	09/09/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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 and is licensed to practice in Nevada. 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 female who was reportedly injured on 2/19/2001. The mechanism of injury is noted as a low back injury while pulling/lifting hoses while working in the field. The claimant has undergone 4 lumbar spine surgeries, to include a lumbar fusion from L1-S1, between November 2010 and February 2013. The most recent progress note dated 6/19/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated difficulty walking, changing positions, and getting on exam table, motion is restricted/guarded and causes painful symptoms, muscle spasm present, antalgic gait. No recent diagnostic imaging studies available for review. Previous treatment includes 4 lumbar spine surgeries to include a fusion from L1-S1, physical therapy, trigger point injections, status post detox program and current medications include Baclofen and Motrin. A request was made for Retrospective Trigger Point Injection x4 of Depo Medrol and Lidocaine to Sacroiliac, Aquatic Therapy 3x4 for lumbar spine, Norco 10/325mg #90, Ultram 50mg #120, which was not medically necessary in the utilization review on 5/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger Point Injection x4 of Depo Medrol and Lidocaine to Sacroiliac:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Trigger Point Injections Page(s): 122 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support trigger point injections for myofascial pain syndrome in certain clinical settings of chronic low back pain with myofascial pain syndrome when the medical records support the appropriate required criteria. Review of the available medical records, fails to document discrete focal tenderness and a palpable taut band of skeletal muscles with the appropriate twitch response that is required for trigger point injections. Given the lack of objective clinical documentation, this request is not medically necessary.

Aquatic Therapy 3x4 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page 22 of 127 Page(s): 22 of 127.

Decision rationale: California Medical Treatment Utilization Schedule supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records, fails to document why the claimant is unable to participate in land-based physical therapy therefore, the request is not medically necessary.

Norco 10/325 mg, 1 by mouth three times a day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker has chronic low back pain after a work-related injury in 2001 and recently underwent a detox program. Review a progress note from June 2014 reports she is currently taking Baclofen and Motrin therefore, this request for Norco is not medically necessary.

Ultram 50mg, 1 to 2 tablets by mouth twice a day, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

Decision rationale: California Medical Treatment Utilization Schedule treatment guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. The claimant has chronic low back pain after a work-related injury in 2001, and recently underwent a detox program. Review a progress note from June 2014 reports she is currently taking Baclofen and Motrin therefore this request for Tramadol is not medically necessary.