

Case Number:	CM14-0081325		
Date Assigned:	07/18/2014	Date of Injury:	10/25/2007
Decision Date:	09/23/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/03/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 25, 2007. Thus far, the applicant has been treated with analgesic medications; earlier shoulder surgery; earlier cervical fusion surgery; and trigger point injection therapy. In a Utilization Review Report dated May 12, 2014, the claims administrator retrospectively denied a urine drug screen and retrospectively denied trigger point injections. The applicant's attorney subsequently appealed. In a November 10, 2008 medical-legal evaluation, the applicant was described as not working and was reportedly unable to return to his former employment, it was stated. On April 15, 2014, the applicant reported persistent complaints of low back pain, reportedly myofascial in nature. The applicant had chronic issues with headaches, it was stated. The attending provider stated that earlier trigger point injections in September 2013 were beneficial. The applicant was using Motrin and Prilosec for pain relief. Motrin, Prilosec, and drug testing were sought. The attending provider stated that the drug testing in question would include both confirmatory qualitative and additional quantitative testing. Trigger point injection therapy was performed. The applicant was asked to continue permanent work restrictions. It did not appear that the applicant was working with permanent limitations in place. In a permanent and stationary report of February 6, 2014, the applicant was given a 35% whole person impairment rating. Permanent work restrictions were imposed. The applicant was not working. It was acknowledged that the applicant had consulted another physician who had suggested Botox injection therapy. In a permanent and stationary report dated February 2, 2014, the attending provider stated that the applicant had undergone surgical fusion at C4-C5, C5-C6 and C6-C7 for cervical radiculopathy. The applicant also had a confirmed S1 radiculopathy, the attending provider posited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in Official Disability Guidelines Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, and clearly state which drug tests and/or drug panels he is testing for and why. The Official Disability Guidelines does not typically endorse confirmatory or quantitative testing outside of the emergency department drug overdose context, it is further noted. In this case, however, the attending provider apparently performed quantitative and confirmatory drug testing, despite the unfavorable Official Disability Guidelines position on the same. The attending provider did not state what drug tests and/or drug panels he was testing for. The attending provider did not state when the applicant was last tested. Since several Official Disability Guidelines criteria for pursuit of drug testing were not met, the request was not medically necessary.

Retrospective trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Trigger point injections are not recommended for radicular pain. In this case, the applicant has radicular pain complaints associated with both cervical and lumbar spines. The applicant has a radiographically confirmed cervical radiculopathy, the attending provider acknowledged. The applicant is status post cervical fusion surgery. It is further noted that the applicant had had one prior set of trigger point injections, despite the unfavorable MTUS position on trigger point injection therapy in the context of the applicant's radicular pain complaints. The applicant did, however, fail to exhibit any lasting benefit or functional improvement through the same. The applicant remained off of work. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite the earlier trigger

point injections in 2013. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f through at least one prior set of trigger point injections. Therefore, the request was not medically necessary.