

Case Number:	CM14-0096098		
Date Assigned:	07/25/2014	Date of Injury:	05/15/2004
Decision Date:	09/11/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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 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:

According to the records made available for review, this is a 57-year-old male with a 5/15/04 date of injury, and status post posterolateral interbody fusion L4-S1 4/17/07. At the time (5/7/14) of request for authorization for App Trim #120 with 2 refills, MRI of the Lumbar Spine, and Trigger Point Injection of 2cc Celestone and 6cc Lidocaine, there is documentation of subjective (ongoing increased pain in low back for past two weeks) and objective (toe walk and heel walk abnormal, tenderness in paraspinous musculature of lumbar region, midline tenderness noted in lumbar spine, muscle spasm positive on lumbar spine, lumbar flexion 15 degrees, extension 5 degrees, right rotation 10 degrees, left rotation 5 degrees, right and left tilt 10 degrees, spasm on lumbar range of motion, sensory testing with pinwheel normal except for decreased L3-4, L4-5 and L5-S1 distribution to left, motor examination by manual muscle testing normal except for grade 4 on the quadriceps, plantar flexor, and toe extensor, and knee and ankle deep tendon reflexes 1/2 on left) findings, imaging findings (lumbar spine x-ray (5/7/14) report revealed evidence of positive junctional discopathy at L2-L3 and L3-L4), current diagnoses (lumbar discopathy, status post-surgery), and treatment to date (physical therapy, home exercise program, medications (including Oxycodone, Hydrocodone, Gabapentin, Cyclobenzaprine, Trazodone, nabumetone and ongoing treatment with AppTrim), and surgery). Medical report identifies trigger point injection was administered to left lumbar spine region. Regarding App Trim #120 with 2 refills, there is no documentation that the product is a food for oral or tube feeding and labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Regarding MRI of the Lumbar Spine, there is no documentation of red flag diagnoses where plain film radiographs are negative and patient is considered for surgery. Regarding Trigger Point Injection of 2cc Celestone and 6cc Lidocaine, there is no documentation of myofascial pain syndrome; circumscribed trigger points with

evidence upon palpation of a twitch response as well as referred pain; radiculopathy is not present; and no more than 3-4 injections per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

App Trim #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Intern Med. 2005 Apr 5;142(7):525-31. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Snow V1, Barry P, Fitterman N, Qaseem A, Weiss K; Clinical Efficacy Assessment Subcommittee of the American College of Physicians. ACR Appropriateness Criteria Post-Treatment Follow-Up of Renal Cell Carcinoma [online publication]. Reston (VA): American College of Radiology (ACR); 2013 9 p. [63 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food and on Other Medical Treatment Guideline or Medical Evidence: <http://www.ptlcentral.com/medical-foods-products.php>.

Decision rationale: An online source identifies App Trim as a Medical Food, consisting of a proprietary formula of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the metabolic processes associated with obesity, morbid obesity, and metabolic syndrome. MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of a diagnosis of lumbar discopathy, status post-surgery. In addition, there is documentation of ongoing use of App Trim and that it is used under medical supervision. However, there is no documentation that the product is a food for oral or tube feeding and labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, based on guidelines and a review of the evidence, the request for App Trim #120 with 2 refills is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Magnetic resonance imaging (MRIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304;.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of a diagnosis of lumbar discopathy, status post-surgery. In addition, given documentation of objective (sensory testing with pinwheel normal except for decreased L3-4, L4-5 and L5-S1 distribution to left, motor examination by manual muscle testing normal except for grade 4 plantar flexor, and knee and ankle deep tendon reflexes 1/2 on left) findings, there is documentation of objective findings that identify specific nerve compromise on the neurologic examination. Furthermore, there is documentation of failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative and patient is considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI of the Lumbar Spine is not medically necessary.

Trigger Point Injection of 2cc Celestone and 6cc Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 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: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of a diagnosis of lumbar discopathy, status post-surgery. In addition, there is documentation that symptoms have persisted for more than three months and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. However, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; radiculopathy is not present (by exam); and no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for Trigger Point Injection of 2cc Celestone and 6cc Lidocaine is not medically necessary.