

Case Number:	CM14-0139131		
Date Assigned:	09/05/2014	Date of Injury:	07/15/2002
Decision Date:	07/28/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old female, who sustained an industrial injury on 7/15/2002. Diagnoses have included discogenic lumbar condition with last magnetic resonance imaging (MRI) in 2006 showing disc disease at L4-L5, internal derangement of the knee on the right status post meniscectomy and ankle inflammation. Treatment to date has included injections, hot and cold wrap, a back brace and medication. According to the progress report dated 7/16/2014, the injured worker had complaints related to her low back, left knee and left ankle. The injured worker was noted to have had Synvisc and Hyalgan injections to her knee with relief. Physical exam revealed tenderness along the medial knee and the patellofemoral joint of the left side. Authorization was requested for ten chiropractic treatment sessions, magnetic resonance imaging (MRI) of the lower back and a trigger point injection to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 chiropractic manipulation sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with complaints related to the low back, left knee, and left ankle. The current request is for 10 chiropractic manipulation sessions. The treating physician states, in a report dated 07/16/14, "Chiropractic care was approved for three visits, but the patient was never made aware of it unfortunately." (79B) The MTUS guidelines support initial chiropractic treatment of 6 visits and with functional improvement up to 18 visits. In this case, the treating physician, in a report dated 01/29/14, stated "Chiropractic care for the low back for 12 visits is recommended as it has been helpful." In this case, the treating physician has not documented any functional improvements with prior chiropractic treatments, and the exact number of prior treatments is not documented. There is nothing provided in the treating physician reports reviewed to indicate that there was functional improvement with the prior chiropractic treatments provided that would lead to further improvements for this patient. The current request is not medically necessary.

Request for 1 MRI of the lower back: 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 (ODG) Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient presents with complaints related to the low back, left knee, and left ankle. The current request is for 1 MRI of the lower back. The treating physician states, in a report dated 07/16/14, "I am requesting that she has a repeat MRI of her left knee as well as lumbar spine to look for the progression of disease." (80B) ACOEM Guidelines do not recommend MRI of the lumbar spine in the absence of "unequivocal objective findings that identify specific nerve compromise on neurologic examination." The ODG guidelines state for repeat MRI, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the treating physician has documented an MRI of the lumbar spine was taken back in 2006 which showed disc disease at L4-L5 (79B) No diagnosis of Lumbar radiculopathy is present in the records available for review. Additionally, the treating physician has failed to explain why a repeat MRI of the Lumbar spine is warranted, as there are no documented significant changes or red flags noted. The current request is not medically necessary.

Request for 1 trigger point injection to the lumbar spine: Upheld

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

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

Decision rationale: The patient presents with complaints related to the low back, left knee, and left ankle. The current request is for 1 trigger point injection to the lumbar spine. The treating physician states, in a report dated 07/16/14, "I am recommending trigger point injection of the left iliac crest because she has quite a bit of difficulty": (80B) The MTUS guidelines state, Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In this case, the treating physician has failed to document circumscribed trigger points with evidence upon palpation of a twitch response. As documented trigger points are one of the chief requirements under the MTUS guidelines, and no trigger points have been documented in the records available for review, the current request is not medically necessary.