

Case Number:	CM14-0193588		
Date Assigned:	12/01/2014	Date of Injury:	02/11/2004
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 2/11/04. A utilization review determination dated 10/20/14 recommends non-certification of trigger point injection, pain management consultation for possible metal block, and CT scan of lumbar spine. Hardware block on 10/2/13 provided pain relief for 4-5 days. TPIs were previously done with one week of relief. 9/19/14 medical report identifies low back pain with BLE radiculopathy 9/10, headache, burning pain in the left shoulder, and bilateral knee pain. On exam, there is mild torticollis, head compression sign markedly positive, Spurling's maneuver positive bilaterally, exquisite tenderness and muscle spasm, limited ROM, upper extremity reflexes, strength, and sensation diminished in various dermatomes/myotomes, lumbar tenderness, decreased sensation "slightly abnormal" in unspecified dermatomes. Trigger point injection was performed. Recommendations include referral to pain management for possible metal block. 10/31/14 medical report identifies pain in the neck and back 7-8/10 with numbness and tingling in the left arm and wrists. On exam, there is antalgic gait, spasm, reduced ROM, mildly positive compression and Spurling's maneuver, and inability to heel and toe walk due to pain and leg weakness against resistance. Recommendations include consult, lumbar spine CT scan, and a possible consideration for hardware removal. She already had hardware block done in the past. CT scan does show evidence of intact hardware and some neuroforaminal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection over the right paraspinal musculature: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. These are defined as circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Repeat trigger point injections may be indicated provided there is at least 50% pain relief with objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of at least 50% pain relief objective functional improvement for 6 weeks after previous trigger point injections. In the absence of such documentation, the requested trigger point injections are not medically necessary.

1 pain management consultation for possible metal block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware Injection (block)

Decision rationale: Regarding the request for pain management consultation for possible metal block, CA MTUS does not specifically address the issue. ODG notes that hardware block is recommended only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. Within the documentation available for review, the patient apparently had a hardware block in the past and there is no clear rationale presented for repeating this diagnostic procedure. In the absence of such documentation, the currently requested pain management consultation for possible metal block is not medically necessary.

1 CT scan of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59. 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography)

Decision rationale: Regarding the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, the patient previously underwent CT approximately one year prior to the current request and there is no clear rationale for repeating the study, such as the presence of red flags and/or symptoms/findings suggestive of progressive pathology. In the absence of such documentation, the currently requested computed tomography (CT) scan of the lumbar spine is not medically necessary.