

Case Number:	CM14-0194857		
Date Assigned:	12/02/2014	Date of Injury:	07/04/2011
Decision Date:	01/16/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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:

The patient is a 36 year old male with date of injury 07/04/11. The treating physician report dated 10/07/14 indicates that the patient presents with pain affecting back, neck and shoulders. The physical examination findings reveal the patient stands erect with normal posture, lumbar lordosis is normal, and there is no evidence of scoliosis or increased thoracic kyphosis. Lumbar ROM findings show flexion is 45 degrees, extension is 15 degrees, and bilateral bend is 20 degrees. Prior treatments include acupuncture approximately 25 physical therapy appointments, a CT scan, an MRI and 2 lumbar epidural steroid injections, which failed to provide relief for the patient. The current diagnoses are: 1. Stress, 2. Anxiety, 3. Lumbar disc protrusion, 4. Lumbar DDD. The utilization review report dated 10/21/14 denied the request for Lumbar/Cervical discogram, Trigger Point Injections, and Facet Injections based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar/Cervical discogram with CT scan L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) pg 66 Official Disability Guidelines (ODG) Online low back chapter: Discography

Decision rationale: The patient presents with back, neck, and shoulder pain. The current request is for Lumbar/Cervical discogram with CT scan L3-4, L4-5, L5-S1. The treating physician has indicated that the current request is to help guide surgical intervention. The ACOEM guidelines state that discography for assessing acute, sub acute, or chronic low back pain or radicular pain syndromes is not recommended. The ODG guidelines state that discography is not recommended, but that discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not allow fusion)." In this case there is no decision for spinal fusion, the treating physician has only stated that the request is to help guide surgical intervention. Ultimately the documentation provided does not fulfill the requirements as outlined in the guidelines. Recommendation is for denial.

Trigger-Point Injections times 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with back, neck, and shoulder pain. The current request is for Trigger-Point Injections times 4. The treating physician has indicated in their report dated 10/07/14 (36) that the current request is help maintain function and help decrease medication use. 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: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case the patient does have chronic back pain without myofascial pain syndrome being documented. There is also documentation stating that there are trigger points where upon palpation, a twitch in response occurs. The documentation provided does fulfill the requirements as required by the MTUS guidelines. Recommendation is for authorization.

Facet Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Low Back Chapter: Facet joint diagnostic blocks (injections)

Decision rationale: The patient presents with back, neck, and shoulder pain. The current request is for Facet Injections. The treating physician has indicated in their report dated 10/07/14 (36) that the current request is help the patient with their pain so they may return to work. The MTUS

guidelines do not address facet injections. The ODG guidelines state specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings, normal straight leg raising. In this case the treating physician has documented tenderness, a normal sensory exam and a negative modified straight leg raise. While a facet injection may be appropriate in this case the current request is for "facet injections", there is no description of what level or how many injections are to be performed. The ODG guidelines state that no more than two facet joint levels are to be injected. The current request does not satisfy the ODG criteria of no more than two levels being injected. Recommendation is for denial.