

Case Number:	CM14-0201302		
Date Assigned:	12/11/2014	Date of Injury:	09/04/2012
Decision Date:	01/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

These 46 year old female was injured on 9/4/12 as a result of a trip and fall onto her right side (shoulder and hip), twisted her back and sustained injury to her neck, back, right upper and lower extremities. She experienced numbness and tingling in her hands a few days after the accident. The day after the accident she was seen at an urgent center and then by a chiropractor who did neck and back adjustments (24 sessions). The sessions relieved her neck and thoracic pain but intermittent, non-radiating low back pain was unchanged. She has had acupuncture treatments but stopped them as they were not helpful. Activities such as bending, lifting and twisting aggravate the back pain. She was off work and then became permanent and stationary. Her medications include cyclobenzaprine, naproxen, vicodin, Tramadol and pantoprazole. Past significant medical history includes depression and several lower back injuries in 1993 and 2009. She had disc surgery in 1995. On physical exam there was tenderness over the lumbar paravertebral muscles, both buttocks, both sacroiliac joints and the sacrum and was otherwise unremarkable. MRI of the lumbar spine (1/24/13) revealed prior laminectomy at L5-S1 with broad based bulging at L5-S1 with central and right paracentral annular fissure; cervical MRI (1/24/13) revealed degenerative changes of the cervical spine but no spinal stenosis. Radiographs (8/8/13) of the cervical spine revealed osteoarthritic changes, pelvis and hips were normal and lumbar spine revealed narrowing at L5-S1. By 11/3/14 she was not taking any medications. A urine drug screen collected 11/5/14 revealed cannabinoid and was otherwise normal. Because of the persistent non-radiating low back pain, lumbar spine trigger point injections were requested. She is not able to work. On 11/11/14 Utilization Review non-certified the request for one lumbar spine trigger point injection based on no documentation of specific circumscribed trigger points with an associated local twitch response or referred pain. In addition the injured worker has had moderate relief with other conservative treatment options. The request for one urine drug screen

was non-certified based on lack of evidence suggesting substance abuse that would warrant a drug screen. MTUS Chronic Pain Medical Treatment Guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar spine trigger point injection: 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: This 46 year old female has complained of lower back pain since date of injury 9/4/2012. She has been treated with surgery, physical therapy, acupuncture and medications. The current request is for one lumbar spine trigger point injection. Per the MTUS guidelines cited above, 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. The available medical documentation fails to meet criteria number (1) above. That is, there is no objective documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on physical examination. On the basis of the MTUS guidelines and available medical documentation, lumbar spine trigger point injection x 1 is not indicated as medically necessary in this patient.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 46 year old female has complained of lower back pain since date of injury 9/4/2012. She has been treated with surgery, physical therapy, acupuncture and medications. The current request is for urine drug screen. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis

toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited, the MTUS guidelines, and the available medical records, the request for a urine drug screen is not indicated as medically necessary.