

Case Number:	CM15-0101480		
Date Assigned:	06/03/2015	Date of Injury:	03/20/2014
Decision Date:	12/09/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 3-20-14. Medical records indicate that the injured worker is undergoing treatment for cervicgia, upper extremity pain, cervical intervertebral disc degeneration, shoulder pain, numbness and chronic pain. The injured worker is noted to be disabled. On (4-28-15) the injured worker complained of neck and upper back pain. The injured worker also noted a spasm flare-up in the past couple of days and requested trigger point injections, which have helped in the past. The pain was noted to be worse with walking, bending and lifting. The pain is better with medications, physical therapy and injections. The pain was rated 10 out of 10 without medications and 5 out of 10 with medications. Examination of the cervical spine revealed trigger point tenderness over the paraspinal muscles at cervical five-six on the left, thoracic paraspinal muscles at thoracic one through thoracic four on the right and the trapezius area bilaterally. Range of motion was decreased. Sensation to light touch and pinprick was intact, but diminished in the left middle finger. The injured worker had six trigger point injections performed and felt immediate pain relief. Treatment and evaluation to date has included medications, urine drug screen (2-12-15), physical therapy, chiropractic treatments, transcutaneous electrical nerve stimulation unit and an H-Wave unit. Current medications include Ibuprofen, Tizanidine, pantoprazole, Morphine and Oxycodone. The treating physician noted that the injured workers previous urine drug screen was consistent and there were no signs of abuse or diversion. The current treatment request is for retrospective trigger point injections #6 with a date of service 4-28-15 and a retrospective urine drug screen #1 with a date of service of 4-28-15. The Utilization Review documentation dated 5-8-15 non-certified the requests for the retrospective trigger point injections #6 with a date of service 4-28-15 and the retrospective urine drug screen #1 with a date of service of 4-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 6 trigger point injections DOS 4/28/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, there was muscle spasm of the paraspinal muscles and "trigger point tenderness." The provider then recommended and injected 6 trigger point injections. It is not clear based on this documentation whether or not there were trigger points, as the verbiage does not clarify the tenderness as having a twitch response. Also, there were more than 4 injections provided which is not recommended by the Guidelines. Therefore, this request for 6 trigger point injections will be considered not medically necessary.

Retrospective one urine toxicology DOS 4/28/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, differentiation: dependence & addiction.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time and afterwards yearly or more

frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was record of having no aberrant behavior or abnormal testing or any other clues to suggest this worker was at an elevated risk associated with his opioid use. He had a urine drug screening on 2/12/15. Therefore, another urine drug screen is not medically necessary until roughly Feb of 2016, according to the Guidelines.