

Case Number:	CM15-0131518		
Date Assigned:	07/24/2015	Date of Injury:	09/09/2009
Decision Date:	08/28/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, California
 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 53 year old female, who sustained an industrial injury on 09-09-2009. On provider visit dated 05-28-2015 the injured worker has reported pain and tightness in neck and upper back with radiation down bilateral upper extremities. The injured worker also reports pins and needle in her upper back and neck, and recurrence of severe muscle tightness with a few distinct trigger points. Bilateral lower extremity pain and left lower extremity numbness, tingling and weakness were noted as well. On examination the cervical paraspinal and upper trapezius muscles were noted to have tenderness to palpation and spasticity with a few distinct trigger points. Tenderness to palpation of the lumbar paraspinals with hypoesthesia to light touch along the L5-S1 dermatomes of the left lower extremity was noted. Positive straight leg raise on left lower extremity and an antalgic gait was noted as well. Patient has had decreased sensation in lower extremity since April 2015. The patient has had chronic sensory loss in lower extremity. The diagnoses have included lumbar radiculopathy, lumbar spondylosis, cervical spondylosis, myofascial pain syndrome and cervical radiculopathy. Treatment to date has included medication and status post cervical fusion. The provider requested MRI of the lumbar spine and trigger point to thoracic-cervical (set of 6). Patient had received trigger point injections in upper back on 4/2/2015. The patient has had MRI of the lumbar spine in November 2012 that revealed disc protrusions and it was post op MRI. Per the note dated 7/23/15 the patient had complaints of low back pain with radiation in the lower extremity at 9/10. Physical examination of the lumbar spine revealed tenderness on palpation, decreased sensation in lower extremity and positive SLR. The

patient has had worsening of numbness, tingling and weakness in left lower extremity since November 2014 and she is barely able to walk. The medication list include Xanax, Methadone and Dilaudid. Details of PT or other type of therapy done since date of injury was not specified for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Indications for imaging - Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

Decision rationale: Request; MRI of the Lumbar Spine. Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had MRI of the lumbar spine in November 2012 that revealed disc protrusions and it was post op MRI. Bilateral lower extremity pain and left lower extremity numbness, tingling and weakness were noted as well. Tenderness to palpation of the lumbar paraspinals with hypoesthesia to light touch along the L5-S1 dermatomes of the left lower extremity was noted. Positive straight leg raise on left lower extremity and an antalgic gait was noted as well. Patient has had decreased sensation in lower extremity since April 2015. The patient has had chronic sensory loss in lower extremity. The patient has had MRI of the lumbar spine in November 2012 that revealed disc protrusions and it was post op MRI. Per the note dated 7/23/15 the patient had complaints of low back pain with radiation in the lower extremity at 9/10. Physical examination of the lumbar spine revealed tenderness on palpation, decreased sensation in lower extremity and positive SLR. The patient has had worsening of numbness, tingling and weakness in left lower extremity since November 2014 and she is barely able to walk. Therefore the patient had significant objective findings suggestive of radiculopathy and MRI of the Lumbar Spine would be indicated to guide further management. The MRI of the Lumbar Spine is deemed medically appropriate and necessary for this patient.

Trigger Point Injections to Thoracic/Cervical (set of 6): 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 122.

Decision rationale: Trigger Point Injections to Thoracic/Cervical (set of 6) MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain". Criteria for the use of Trigger point injections: (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. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Details of PT or other type of therapy done since date of injury was not specified for this injury. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. She had received trigger point injections for this injury. Any evidence of a greater than 50% pain relief for six weeks from previous injections and evidence of functional improvement was not specified in the records provided. The detailed response to previous trigger point injections for this injury was not specified in the records provided. The notes of previous trigger point injections documenting significant functional progressive improvement was not specified in the records provided. Rationale for repeating trigger point injections for this injury was not specified in the records provided. On provider visit dated 05-28-2015 the injured worker has reported pain and tightness in neck and upper back with radiation down bilateral upper extremities. The patient had a diagnosis of cervical radiculopathy. There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. The request for Trigger Point Injections to Thoracic/Cervical (set of 6) is not medically necessary in this patient.