

Case Number:	CM15-0132663		
Date Assigned:	07/20/2015	Date of Injury:	02/13/2014
Decision Date:	08/20/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 28-year-old male who sustained an industrial injury on 02/13/2014 due to a fall. Diagnoses include posttraumatic headaches; chronic myofascial pain syndrome, thoracolumbar spine, moderate to severe; and lumbosacral radiculopathy. An MRI on 5/19/14 showed a 14mm x 11mm posterolateral facet joint synovial cyst at L4-5 and a 2mm disc protrusion at L5-S1; there was no evidence of central canal or foraminal stenosis at any of the levels. Electrodiagnostic testing of the bilateral lower extremities on 9/24/14 was normal. Treatment to date has included medications, trigger point injections, acupuncture, chiropractic treatment and physiotherapy. According to the progress notes dated 5/27/15, the IW reported his headaches were less frequent and less intense, but the upper and lower back pain continued nearly constantly with associated frequent pain and numbness in the bilateral lower extremities. The pain ranged from 6/10 to 8/10 without medications and 1/10 to 2/10 with medications, which provided 70% to 80% improvement in pain and functional ability to perform activities of daily living. On examination, range of motion (ROM) of the cervical spine was grossly within normal limits; ROM of the thoracic spine was slightly restricted on flexion and extension; and lumbar spine ROM was slightly to moderately restricted in all planes. Multiple myofascial trigger points and taut bands were noted throughout the thoracic and lumbar paraspinal muscles and in the gluteal muscles. Romberg test was negative. Trigger point injections were administered into the thoracic muscles on 5/27/15. A request was made for 4 trigger point injections (retrospective date of service 5/27/15) and one urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, Qty 4 (retrospective DOS 5/27/15): 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 injection Page(s): 122.

Decision rationale: The patient presents with post-traumatic headaches, chronic myofascial pain syndrome and lumbosacral radiculopathy. The patient currently complains of ongoing constant upper and lower back pain as well as frequent pain and numbness in the bilateral lower extremities. The current request is for four trigger point injections, retrospective DOS 5/27/15. The treating physician states in the treating reported dated 5/27/15 (129B), "Treatment Rendered: Trigger point injections (4)." 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: (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." In this case, the clinical history provided documents that trigger point injections were administered on 4/15/15 (93B) and again on 5/27/15 (129B). The clinical history does not document that the injections provided the recommended pain relief or functional improvement. Additionally, the currently requested approval is for a retrospective DOS request for injections that were performed less than two months from the prior administration. The current request is not medically necessary.

Urine Drug Screen, Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: pain - Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online, Pain (Chronic) Chapter, Urine drug testing (UDT).

Decision rationale: The patient presents with post-traumatic headaches, chronic myofascial pain syndrome and lumbosacral radiculopathy. The patient currently complains of ongoing constant upper and lower back pain as well as frequent pain and numbness in the bilateral lower

extremities. The current request is for one urine drug screen. The treating physician states in the treating reported dated 5/27/15 (129B), "I request authorization for the following for relief and cure of the symptoms of this patient, keeping in compliance with the ACOEM guidelines: Repeat Urine Drug Screen as the last test done was negative for Norco." MTUS Guidelines recommend urine toxicology drug screenings (UDS) for patients that are taking opioids to avoid their misuse. MTUS guidelines additionally define steps to avoid misuse of opioids, and in particular, for those at high risk of abuse as "frequent random urine toxicology screens". While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. ODG states that the "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." In this case, the treating physician records have not documented the patients risk stratification, which would dictate the patients risk level and in turn, the frequency with which testing should be done. However, the clinical records provided do note the patient had an unexpected UDT result during his last test. Confirmatory or repeated testing is appropriate for unexpected or unexplained UDS results. The current request is medically necessary.