

Case Number:	CM15-0138461		
Date Assigned:	07/28/2015	Date of Injury:	03/26/2008
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 63 year old male, who sustained an industrial injury, March 26, 2008. The injured worker previously had the following diagnostic tests: lumbar spine MRI; lumbar spine CT scan; urine toxicology screen. Lumbar spine MRI and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities showed L4 on L5 radiculopathy. The injured worker was diagnosed with right shoulder rotator cuff repair with arthroscopic surgery in November 2008, adhesive capsulitis of the right shoulder arthroscopic in August 2009, status post ALIF along with decompression of the left peroneal nerve on September 9, 2011, lumbar SCS implant, medication induced gastritis, atrial fibrillation. Treatments have included medications, physical therapy, trigger point injections, spinal cord stimulator and surgery. According to progress note of June 12, 2015, the injured worker's chief complaint was pain in the lower back with radiation down to both lower extremities. The pain was rated at high of 8 out of 10 in intensity, but currently 6 out of 10. The injured worker continued to rely on the lumbar spinal cord stimulator, which give a 60% relief from the low back pain. The injured worker had responded well with trigger point injections, which gave the injured worker 2-3 weeks of pain relief. The injured worker reported a 50% relief in the pain with the injection on a regular basis. The physical exam noted posterior lumbar musculature tenderness wit palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion with obvious muscle guarding. The injured worker was able to bend forward with outstretching fingers to about four inches above the level of the knees. The injured worker had pain with flexion and extension, but worse with flexion. The treatment plan included urine drug screen and 4 trigger point injections of 10cc of .25% bupivacaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen between 6/12/15 and 6/12/15: 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 (ODG), Pain (Chronic), 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) Pain (Chronic) Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on March 26, 2008. The medical records provided indicate the diagnosis of right shoulder rotator cuff repair with arthroscopic surgery in November 2008, adhesive capsulitis of the right shoulder arthroscopic in August 2009, status post ALIF along with decompression of the left peroneal nerve on September 9, 2011, lumbar SCS implant, medication induced gastritis, atrial fibrillation. Treatments have included medications, physical therapy, trigger point injections, spinal cord stimulator and surgery. The medical records provided for review do indicate a medical necessity for 1 Urine drug screen between 6/12/15 and 6/12/15. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS does not state the frequency of testing, but recommends it be based on risk stratification. The Official Disability Guidelines recommends as follows: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The medical records indicate there was inconsistent result between the prescribed drugs and the findings on confirmatory urine drug testing of the injured worker for the 04/10/15 visit. The test result indicate that the urine was negative for Temazepam (Restoril) which had been prescribed, but positive for Codeine, which was not prescribed. Therefore, it is not out of place to repeat a urine drug screen two months later for this individual who has only recently been found to have inconsistent result. Therefore this request is medically necessary.

4 Trigger point injections of 10cc of .25% bupivacaine between 6/12/15 and 6/12/15: 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 injections Page(s): 122.

Decision rationale: The injured worker sustained a work related injury on March 26, 2008. The medical records provided indicate the diagnosis of right shoulder rotator cuff repair with arthroscopic surgery in November 2008, adhesive capsulitis of the right shoulder arthroscopic in August 2009, status post ALIF along with decompression of the left peroneal nerve on September 9, 2011, lumbar SCS implant, medication induced gastritis, atrial fibrillation. Treatments have included medications, physical therapy, trigger point injections, spinal cord stimulator and surgery. The medical records provided for review do not indicate a medical necessity for 4 Trigger point injections of 10cc of .25% bupivacaine between 6/12/15 and 6/12/15. The MTUS does not recommend trigger point injection in the presence of radiculopathy, neither does the MTUS recommend a repeat trigger point injection unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The medical records indicate the injured worker has radiculopathy. Therefore this request is not medically necessary.