

Case Number:	CM15-0166529		
Date Assigned:	09/04/2015	Date of Injury:	01/14/2013
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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

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 is a 32 year old male who sustained an industrial injury on 1-14-13 when while lifting a stone he experienced a popping in his back going up to his neck with pain and burning. He currently complains of continued intermittent severe low back pain that goes down his right hip to his right foot with leg cramping and numbness, he has fallen. He has sleep difficulties. He is having hallucinations of his deceased mother. On physical exam of the lumbar spine there was decreased range of motion, positive trigger point in lumbar paraspinal muscles and increased spasms, positive straight leg raise and Faber bilaterally. Medications were gabapentin, Tramadol-acetaminophen, Lunesta, fenoprofen, Bupropion. Diagnoses include lumbar degenerative disc disease; lumbosacral or thoracic neuritis or radiculitis; myofascial pain; status post laminectomy and fusion (3-2014); failed back syndrome; depression. Treatments to date include medications; physical therapy transcutaneous electrical nerve stimulator unit; home exercise program; H-wave therapy; trigger point injections in the past with benefit per 6-12-15 note; acupuncture; epidural steroid injections somewhat helpful; heating pad. Diagnostics include MRI of the lumbar spine (2-2013) showing right 6 millimeter paracentral disc protrusion. In the progress noted dated 7-8-15 the treating provider's plan of care indicates that the injured worker would benefit from trigger point injections; 6-29-15 note indicates a request for MRI of the lumbar spine to ascertain if there are any abnormalities that might explain his symptoms. On 7-31-15, utilization review also evaluated the request for sexual function assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Another MRI 1.5T of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back and Thoracic Chapter (Online Version); ACOEM 2004 Work Relatedness Chapter 4 Record Review page 65.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The patient presents on 07/08/15 with lower back pain rated 7/10. The patient's date of injury is 01/14/13. Patient is status post lumbar laminectomy and fusion in March 2014. The request is for ANOTHER MRI 1.5T OF LUMBAR SPINE. The RFA was not provided. Physical examination dated 07/08/15 reveals tenderness to palpation of the lumbar paraspinal muscles with increased spasms noted. The patient is currently prescribed Vicodin and Gabapentin. Per 07/08/15 progress note, patient is advised to remain off work through 08/01/15. MTUS/ACOEM guidelines, Chapter 12, page 303 states: "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." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. 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). In regard to the request for a repeat MRI of the lumbar spine, treater has not provided evidence of progressive neurological deficit. This patient underwent MRI imaging of the lumbar spine in February of 2013 as a pre-operative measure. Most recent progress note, dated 07/08/15, does not include evidence of neurological findings in the lower extremities - only tenderness in the lumbar paraspinal muscles with spasms noted. There is no discussion of re-injury, progressive neurological deficit, or other "red flags" which would warrant repeat imaging. Without documentation of progressive neurological deficit or other red flags indicative of significant injury or decline in this patient's condition, repeat imaging cannot be substantiated. The request IS NOT medically necessary.

Lumbar trigger point injections x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM 2004 Work Relatedness Chapter 4 Record Review page 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Trigger Point Injections.

Decision rationale: The patient presents on 07/08/15 with lower back pain rated 7/10. The patient's date of injury is 01/14/13. Patient is status post lumbar laminectomy and fusion in March 2014. The request is for LUMBAR TRIGGER POINT INJECTIONS X3. The RFA was not provided. Physical examination dated 07/08/15 reveals tenderness to palpation of the lumbar paraspinal muscles with increased spasms noted. The patient is currently prescribed Vicodin and

Gabapentin. Per 07/08/15 progress note, patient is advised to remain off work through 08/01/15. ODG Pain chapter, under Trigger Point Injections, has the following: Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of 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. In regard to the trigger point injections, the patient does not meet guideline criteria. This patient regularly receives trigger point injections with almost every office visit with documented benefits. However, progress report dated 07/08/15 does not include documentation of trigger points with evidence upon palpation of a twitch response and referred pain, only tenderness to palpation of the lumbar paraspinal muscles with spasms noted. Regarding the trigger point injections, the provider states: "Would benefit from further TPI" though does not provide any further discussion on the matter. Without appropriate documentation of the criteria for trigger point injections as required by ODG, the request cannot be substantiated. The request IS NOT medically necessary.

Sexual Function Assessment Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 Work Relatedness Chapter 4 Record Review page 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Opioids, long term assessment.

Decision rationale: The patient presents on 07/08/15 with lower back pain rated 7/10. The patient's date of injury is 01/14/13. Patient is status post lumbar laminectomy and fusion in March 2014. The request is for SEXUAL FUNCTION ASSESSMENT TEST. The RFA was not provided. Physical examination dated 07/08/15 reveals tenderness to palpation of the lumbar paraspinal muscles with increased spasms noted. The patient is currently prescribed Vicodin and Gabapentin. Per 07/08/15 progress note, patient is advised to remain off work through 08/01/15. MTUS and ODG do not address sexual function assessment testing. However, the Official Disability Guidelines, Pain Chapter, under Opioids, long term assessment has the following: Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritus, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. In regard to this unspecified "sexual function assessment test", the treater has not discussed exactly what is being requested. Most recent progress note, dated 07/08/15, does not provide any insight into this patient's sexual complaints or discuss exactly what entails sexual function testing. Sexual dysfunction is known to occur in patients prescribed Opioid medications long-term, though sexual dysfunction assessment starts with questioning the patient during a routine follow-up assessment and should be performed as part of this patient's routine care. Without a clearer picture of exactly what is being requested, current complaints of sexual dysfunction, or an injury or psychiatric episode pertinent to such testing, the request as written cannot be substantiated. The request IS NOT medically necessary.