

Case Number:	CM15-0192657		
Date Assigned:	10/06/2015	Date of Injury:	10/18/2002
Decision Date:	11/13/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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: Emergency 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 is a 54-year-old male, with a reported date of injury of 10-18-2002. The diagnoses include lumbar postlaminectomy syndrome, chronic pain syndrome, rule out foreign body in soft tissue, unequal leg length, myalgia and myositis, lumbar spine pain with radiculopathy, and chronic insomnia. Treatments and evaluation to date have included Baclofen, Cymbalta, Hydromorphone, Ibuprofen, Lyrica, MS Contin, Testim 1% gel, and Nortriptyline. The diagnostic studies to date have included a urine drug screen on 03-08-2015 with inconsistent findings for Nortriptyline, Codeine, Morphine, Oxycodone, Noroxycodone, Oxymorphone, and Cyclobenzaprine. The progress report dated 09-08-2015 indicates that the injured worker had back stiffness, and low back pain. He reported that his condition was worsened with back extensions, back flexion, hip extension, hip flexion, hip rotation, and lifting. The injured worker's pain was rated 8 out of 10 (08-19-2015 to 09-08-2015). The objective findings include no apparent distress; difficulty walking, sitting and standing; difficulty getting on and off the exam table and getting in and out of the chair; low back pain exacerbated by straight leg raise; radiculopathy to both lower extremities; intact sensory; left knee pain; positive McMurray's test; positive Apley's test; diminished left side patellar reflex; intact sensation to light touch; pain with bilateral Valsalva; positive right FABER maneuver; positive bilateral Gaenslen's maneuver; pain to palpation over the L3-4, L4-5, and L5-S1 facet capsules on the right; pain with rotational extension of the lumbosacral; myofascial pain with triggering; and episodic pain associated with instability and severe myofascial pain. On the day of the visit, the injured worker received eight trigger point injections, with no complications and

70% improvement in substantial myofascial pain. The treatment plan also included an orthopedic consultation. The request for authorization was dated 08-25-2015. The treating physician requested eight (8) trigger point injections with 8ml of 0.5% Marcaine and one consultation with an orthopedic spine surgeon. On 09-22-2015, Utilization Review (UR) non-certified the request for eight (8) trigger points injections with 8ml of 0.5% Marcaine and one consultation with an orthopedic spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Trigger point injections with 8cc 0.5% Marcaine: Upheld

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

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

Decision rationale: The requested Eight (8) Trigger point injections with 8cc 0.5% Marcaine, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, page 122, note: 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; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The injured worker has back stiffness, and low back pain. He reported that his condition was worsened with back extensions, back flexion, hip extension, hip flexion, hip rotation, and lifting. The injured worker's pain was rated 8 out of 10 (08-19-2015 to 09-08-2015). The objective findings include no apparent distress; difficulty walking, sitting and standing; difficulty getting on and off the exam table and getting in and out of the chair; low back pain exacerbated by straight leg raise; radiculopathy to both lower extremities; intact sensory; left knee pain; positive McMurray's test; positive Apley's test; diminished left side patellar reflex; intact sensation to light touch; pain with bilateral Valsalva; positive right FABER maneuver; positive bilateral Gaenslen's maneuver; pain to palpation over the L3-4, L4-5, and L5-S1 facet capsules on the right; pain with rotational extension of the lumbosacral; myofascial pain with triggering; and episodic pain associated with instability and severe myofascial pain. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the criteria duration of relief from previous injections. The criteria noted above not having been met, Eight (8) Trigger point injections with 8cc 0.5% Marcaine is not medically necessary.

One consultation with an orthopedic spine surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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

Decision rationale: The requested one consultation with an orthopedic spine surgeon, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker has back stiffness, and low back pain. He reported that his condition was worsened with back extensions, back flexion, hip extension, hip flexion, hip rotation, and lifting. The injured worker's pain was rated 8 out of 10 (08-19-2015 to 09-08-2015). The objective findings include no apparent distress; difficulty walking, sitting and standing; difficulty getting on and off the exam table and getting in and out of the chair; low back pain exacerbated by straight leg raise; radiculopathy to both lower extremities; intact sensory; left knee pain; positive McMurray's test; positive Apley's test; diminished left side patellar reflex; intact sensation to light touch; pain with bilateral Valsalva; positive right FABER maneuver; positive bilateral Gaenslen's maneuver; pain to palpation over the L3-4, L4-5, and L5-S1 facet capsules on the right; pain with rotational extension of the lumbosacral; myofascial pain with triggering; and episodic pain associated with instability and severe myofascial pain. The treating physician has documented sufficient persistent symptoms and positive exam findings to establish the medical necessity for this consult. The criteria noted above having been met, one consultation with an orthopedic spine surgeon is medically necessary.