

Case Number:	CM15-0193287		
Date Assigned:	10/07/2015	Date of Injury:	04/04/1995
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, 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 63 year old female who sustained an industrial injury on 04/04/1995. Medical records indicated the worker was treated for chronic pain syndrome, post laminectomy syndrome cervical region, trigger finger and post laminectomy syndrome lumbar region. In the provider notes 08/19/2051, the injured worker complains of intermittent cramping, tingling neck pain radiating to the bilateral upper extremities, and weakness. The worker states the medications are helping a little. She is not working. She reports muscle aches and arthralgias/joint pain. She reports depression and sleep disturbances. Current medications include Lidoderm patches and Voltaren topical gel. On examination of the cervical spine, she has bilateral tenderness of the paracervicals, the trapezius, and the rhomboid and trapezius trigger point pain. Pain is elicited by motion. She ambulates with no assistive devices and has an antalgic gait. The lumbar spine has normal alignment, and bilateral tenderness of the paraspinal region at L4, the iliolumbar region, and the piriformis. Ultrasound guided trigger point injections were given in the bilateral spinatus, bilateral piriformis, and bilateral paravertebral at L4. According to physician notes, the trigger point injections help and typically last about three weeks. A spinal cord stimulator was discussed as the worker cannot tolerate opioids well due to side effects. Appointments were scheduled for further trigger point injections. A request for authorization was submitted for Trigger Point Injections with Ultrasound Guidance x 3, and Spinal Cord Stimulator. A utilization review decision 09/02/2015 non-certified requests for both Trigger Point Injections with Ultrasound Guidance x 3, and Spinal Cord Stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections with Ultrasound Guidance x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the request was for trigger injections with ultrasound guidance. The use of ultrasound is not routinely used nor a medical necessity for trigger injections. Therefore the request for cervical trigger point injection is not medically necessary.

Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: According to the guidelines, spinal cord stimulators may be used for those who have a failed back syndrome and have failed other options for pain control. In this case, the claimant had undergone a laminectomy and was on multiple pain medications. However, the progress not on 9/16/15 indicates the claimant can perform ADLS with medications. The pain score was not noted. Exam findings only note paraspinal lumbar and cervical tenderness. Although there is numbness and weakness, the amount of pain and disability was not quantified to justify the SCS. As a result, the request for the SCS is not medically necessary.