

Case Number:	CM15-0216539		
Date Assigned:	11/06/2015	Date of Injury:	05/23/2005
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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: New York, West Virginia, Pennsylvania
 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:

This injured worker is a 40 year old male who reported an industrial injury on 5-23-2005. His diagnoses, and or impressions, were noted to include: lumbar degenerative disc disease with severe and chronic radiculopathy, status-post lumbosacral decompression and fusion (4-30-10), and hardware removal (11-10-11); recurrent back pain, rule-out lumbar herniated disc with instability. Magnetic resonance imaging studies were said to have been done on lumbar spine on 7-27-2015, and reviewed at the 9-14-2015 visit. His treatments were noted to include: a comprehensive orthopedic re-evaluation on 9-14-2015; surgery; physical therapy; TENS unit therapy; an Emergency Room visit; medication management; and a return to regular work duties. The progress notes of 9-14-2015 report complaints which included: unchanged, moderate low back pain; that he was not undergoing therapy and was working regular duty; and that he had an MRI. The objective findings were noted to include: stiffness in his upper & lower back, with tenderness over the lower back at the lumbosacral region, and positive bilateral straight leg raise. The physician's requests for treatment were noted to include a diagnostic and therapeutic trigger point injection, and a prescription for an X-force with solar care TENS unit with a heating element, for home use, to see if it would quiet down his pain. The Request for Authorization, dated 10-5-2015, was noted to include an X-force with solar care for home use, and the injection. The Utilization Review of 10-12-2015 the non-certified request for lumbar trigger point injection and X-force with solar care TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar trigger point injection: 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: Guidelines state that trigger point injections may be used to treat chronic low back or neck pain when documentation of circumscribed trigger points with evidence of a twitch response and referred pain occurs, symptoms persist longer than 3 months, medical therapies fail and radiculopathy is not present. No more than 3-4 injections per session and no repeat injections, unless a greater than 50% pain relief is obtained for 6 weeks after an injection which is associated with functional improvement. In this case, there was no documentation of circumscribed trigger points. The request for lumbar trigger point injection is not medically necessary.

X-force with solar care TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Guidelines do not support TENS as a primary treatment modality and reserves its use for one-month home based trials in patients with an adjunct program of functional restoration. In this case, there are no documented indications for purchase of a TENS unit. There is no report of a TENS plan submitted for review. The request for X-force with solar care TENS unit for home use (lumbar spine) is not medically necessary.