

Case Number:	CM15-0220436		
Date Assigned:	11/13/2015	Date of Injury:	02/21/2013
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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 Jersey

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 65 year old female, who sustained an industrial injury on February 21, 2013, incurring low back, upper back and right shoulder injuries. She was diagnosed with lumbar disc disease, cervical disc disease and radiculitis and right shoulder impingement syndrome. Treatment included neuropathic medications, aqua therapy, pain medications, muscle relaxants, and activity restrictions. In 2014, the injured worker underwent a lumbar surgical fusion. Currently, the injured worker complained of persistent low back pain with all motions and activity. She noted increased neck pain and spasms. The pain was aggravated with standing, walking, climbing stairs, sitting, bending and lying down. She noted weak and painful range of motion. She had difficulty sleeping and difficulty with her activities of daily living. The treatment plan that was requested for authorization included trigger point injection to the right cervical spine and a spinal mattress. On October 30, 2015, a request for trigger point injections and a request for a spinal mattress were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to right C/S /PVMS: 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 MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, there is documented neck pain followed by physical findings which include tenderness to the cervical spine and "traps" with right side "trigger point with spasm (tenderness)." However, this doesn't exactly describe trigger points with their twitch response and referred pain. Without more clear documentation of trigger points, trigger point injections will not be considered medically necessary.

Spinal mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Mattress selection.

Decision rationale: The MTUS Guidelines do not address a specific mattress type as standard therapy for low back injuries/pain. The ODG, however, states that mattress selection is not recommended to use firmness as the sole criteria or any other quality. Unfortunately, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain, and mostly depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In the case of this worker, a "spinal mattress" was requested to help the low back pain. However, as any mattress cannot be recommended due to lack of supportive data for low back pain, this request will be considered medically unnecessary.