MAXIMUS Federal Services

Case Number:	CM15-0041228		
Date Assigned:	03/11/2015	Date of Injury:	09/03/1999
Decision Date:	04/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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 59-year-old male, who sustained an industrial injury on September 3, 1999. He has reported neck pain, lower back pain, and knee pain. Diagnoses have included lumbar spine strain/sprain, lumbago, neck sprain, and sacroiliac joint sprain. Treatment to date has included medications, physical therapy, total knee arthroplasty, spinal surgery, and imaging studies. A progress note dated January 21, 2015 indicates a chief complaint of neck pain, knee pain, and lower back pain with left leg numbness. The treating physician documented a plan of care that included trigger point injections and magnetic resonance imaging of the lumbar spine in light of progressing neurological symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI (magnetic resonance imaging) of the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, MRI.

Decision rationale: This patient has a date of injury of 09/03/99 and presents with neck, low back and left knee pain. The Request for Authorization is dated 01/20/15. The current request is for 1 MRI Magnetic Resonance Imaging of the lumbosacral spine. ACOEM Guidelines, page 303, states, unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging on patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. For this patient's now chronic condition, ODG Guidelines provides a thorough discussion. ODG, under its low back chapter, recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if there is severe or progressive neurological deficit. Treatment history includes medications, PT, left knee replacement, and spine injections. Examination of the lumbar spine revealed tenderness with paravertebral muscle spasms and tightness, mildly decreased range of motion, sensory is normal, and SLR is negative. There is discussion of a prior MRI of the lumbar spine that showed mild facet degenerative changes from L3-S1. The date of this imaging is not documented. There is only one progress report provided for review. The treating physician recommends an MRI of the lumbar spine to assess interval changes since he is now having numbness of the left leg; however, examination findings do not indicate any neurological deficits. There is only subjective complaint of occasional leg numbness. In this case, there is no indication of new injury, significant change in examination finding, no bowel/bladder symptoms that would require additional investigation. The requested repeat MRI of lumbar spine is not medically necessary

1 Trigger Point Injections for the lumbar region: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: This patient has a date of injury of 09/03/99 and presents with neck, low back and left knee pain. The current request is for 1 Trigger Point Injections of the lumbar region. The Utilization review denied the request stating that taut bands and trigger points were identified in the cervical spine but none in the lumbar spine. The Request for Authorization is dated 01/20/15 and requests Trigger point injection. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger-point injections, recommended only for myofascial pain syndrome and limited lasting value, not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persistent for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for

6 weeks, etc. Physical examination revealed trigger points with taut bands in the right posterior cervical paraspinal, and the treating physician recommends a trigger point injection. In this case, the patient is a candidate for a trigger point injection given the taut bands and trigger points found on examination. This request is medically necessary.