

Case Number:	CM15-0055247		
Date Assigned:	03/30/2015	Date of Injury:	04/30/2007
Decision Date:	05/04/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/23/2015

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 45-year-old male, who sustained an industrial injury on 4/30/2007. He reported a low back injury. The mechanism of injury was not provided for review. The injured worker was diagnosed as having chronic pain syndrome, failed back surgery syndrome-post lumbar fusion and lumbar stenosis. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection and medication management. In a progress note dated 2/4/2015, the injured worker complains of low back pain that radiated down the right lower extremity with foot numbness. The treating physician is requesting a myofascial trigger point injections and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MFTP injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: The patient presents with low back pain rated 9/10 without and 6/10 with medication. The pain radiates down the right lower extremity with foot numbness. The request is for one MFTP INJECTION. The RFA is not provided. Patient's diagnosis included chronic pain syndrome, failed back surgery syndrome-post lumbar fusion, and lumbar stenosis. Treatments to date have included epidural steroid injection and medication management. The patient is currently working with restrictions. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Frequency should not be at an interval less than two months." The request is for retrospective myofascial trigger points (MFTPs) injections (x2). Per the progress report dated 02/04/15, the physical examinations noted myofascial trigger points with twitch response. "The straight leg raise with the patient in the seated position was positive on the right for radicular pain at 45 degree." MTUS guidelines indicate that radiculopathy must NOT be present in order for trigger point injections to be considered medically appropriate. In this case, patient displays pain that radiates down the right lower extremity with foot numbness. Patient is also noted to have been diagnosed with lumbar stenosis. This patient does not meet the criteria for trigger point injections. This request IS NOT medically necessary.

1 Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse Drug testing Page(s): 94-95, 43.

Decision rationale: The patient presents with low back pain rated 9/10 without and 6/10 with medication. The pain radiates down the right lower extremity with foot numbness. The request is for 1 URINE DRUG SCREEN. The RFA provided is dated 02/28/15. Patient's diagnosis included chronic pain syndrome, failed back surgery syndrome-post lumbar fusion, and lumbar stenosis. Treatments to date have included epidural steroid injection and medication management. The patient concurrent medications included hydrocodone-acetaminophen and Lyrica. The patient is currently working with restrictions. MTUS Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misuse, pg94-95, recommends frequent random urine toxicology screens. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43: Drug testing: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. MTUS allows for drug testing to determine presence of illegal drugs, or when using opioids as a step to avoid misuse/addiction. The latest reported UDS was administered on 10/03/12. Given the patient's continued opiate regimen, a UDS would be appropriate. This request IS medically necessary.