

Case Number:	CM14-0185136		
Date Assigned:	11/13/2014	Date of Injury:	11/26/1997
Decision Date:	12/19/2014	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/06/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Texas and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 56 year old female patient who sustained a work related injury on 11/26/97. Patient sustained the injury due to slip and fall incident. The current diagnoses include low back pain, lumbar radiculitis radiculopathy, myofascitis, degenerative disc disease and sacroiliitis. Per the doctor's note dated 10/28/14, patient has complaints of low back pain and right leg pain and muscle spasms across the lower back at 8/10 with numbness and weakness and the pain was relieved with lying down with a pillow between her legs. Physical examination revealed antalgic gait with straight cane for assistance, able to walk on toes and heel without difficulty, tenderness to palpation of the lumbar pampspinous region, normal range of motion in all planes with pain at end ranges normal strength, and positive trigger point tenderness, positive straight leg test, piriformis, and Faber tests, diminished sensation in L5 dermatome. The medication lists include Ibuprofen, Vicodin, Diovan, hydrochlorothiazide, glipizide and tramadol. The patient has had an MRI of the lumbar spine on 12/10/2013 that revealed degenerative changes, mild left neuroforaminal Impingement at L4-5 and mild bilateral neuroforaminal impingement at L3-4, bilateral facet hypertrophy L3-4 and L4-5; X-rays on 12/10/13 that showed bilateral facet hypertrophy L3-4 and L4-5 She had received epidural injection that did not help. She had received trigger point injections for this injury. The patient has received an unspecified number of the PT visits and aquatic therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections under ultrasound to lumbar: 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: Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain....Criteria for the use of Trigger point injections:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of the physical therapy (PT) visits for this injury till date. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. She had received trigger point injections for this injurythe detailed response to previous trigger point injections for this injury was not specified in the records provided. The notes of previos trigger point injections documenting significant functional progressive improvement was not specified in the records provided. Rationale for repeating trigger point injections for this injury was not specified in the records provided. In addition as per cited guideline trigger point injections are not recommended for radicular pain as per records provided per the doctor's note dated 10/28/14, patient has complaints of low back pain and right leg pain and muscle spasms across the lower back at 8/10 with numbness and weakness in lower extremity. The MRI of the lumbar spine on 12/10/2013 that revealed degenerative changes, mild left neuroforaminal Impingement at L4-5 and mild bilateral neuroforarninal impingement at L3-4, bilateral facet hypertrophy L3-4 and L4-5; X-rays on 12/10/13 that showed bilateral facet hypertrophy L3-4 and L4-5. She had received epidural injection for this injury. Therefore there is evidence of radiculopathy. The medical necessity of the request for Trigger point injections under ultrasound to lumbar is not fully established in this patient.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 11/21/14) MRIs (magnetic resonance imaging)

Decision rationale: Per the American College of Occupational and Environmental Medicine (ACOEM) low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had an MRI of the lumbar spine on 12/10/2013 that revealed degenerative changes, mild left neuroforaminal Impingement at L4-5 and mild bilateral neuroforaminal impingement at L3-4, bilateral facet hypertrophy L3-4 and L4-5. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT and aquatic visits for this injury till date. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The medical necessity of the MRI of the lumbar spine is not fully established for this patient.