

<b>Case Number:</b>	CM14-0028998		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/02/2000
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in 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:

According to the records made available for review, this is a 57-year-old male with a August 2, 2000 date of injury. At the time of the request for authorization for MRI of spine, trigger point injection (retrospective date of service, February 20, 2014), and MEDS (unspecified), there is documentation of subjective (low back pain radiating to the left thigh) and objective (tenderness to palpation and spasm over the lumbar paraspinal musculature, limited range of motion, and positive straight leg raise) findings, imaging findings (reported MRI lumbar spine (unspecified date) revealed left L4-5 fibrosis with mass effect on the L5 root, L4-5 disc bulge, and L5-S1 mild midline disc protrusion not affecting neural elements; report not available for review), current diagnoses (degenerative disc disease lumbar spine, sprain/strain lumbar, and sciatica), and treatment to date (trigger point injections that appeared to help with symptoms and medications). Regarding MRI of spine, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Regarding trigger point injection (retrospective date of service, February 20, 2014), there is no documentation that greater than 50% pain relief is obtained for six weeks after an injection and documented evidence of functional improvement following previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines; [http://www.odg-twc.com/odgtwc/low\\_back.hem#Radiography](http://www.odg-twc.com/odgtwc/low_back.hem#Radiography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease lumbar spine, sprain/strain lumbar, and sciatica. However, given documentation of a previous lumbar MRI, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of spine is not medically necessary or appropriate.

**Trigger point injection, provided on February 20, 2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than three to four injections per session, as criteria necessary to

support the medical necessity of trigger point injections. Additionally, the Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease lumbar spine, sprain/strain lumbar, and sciatica. In addition, there is documentation of previous trigger point injections and injections not at an interval less than two months. However, despite documentation of that previous injections appeared to help with symptoms, there is no documentation that greater than 50% pain relief is obtained for six weeks after an injection and documented evidence of functional improvement following previous injection. Therefore, based on guidelines and a review of the evidence, the request for trigger point injection, provided on February 20, 2014, is not medically necessary or appropriate.

**Meds (unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Initial Approches to Treatments Page(s): 47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical practice standard of care.

**Decision rationale:** The Initial Approches to Treatment Chapter of the ACOEM Practice Guidelines identifies that oral pharmaceuticals are a first-line palliative method; nonprescription analgesics provide sufficient pain relief for most patients with acute work-related symptoms; if treatment response is inadequate (i.e., symptoms and activity limitations continue), physicians should add prescribed pharmaceuticals or physical methods; consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations; and the physician should discuss the efficacy of medication for the particular condition, its side effects, and any other relevant information with the patient to ensure proper use and, again, to manage expectations. Medical Treatment Guideline/Medical practice standard of care criteria necessitate/makes it reasonable to require documentation of which specific medication(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested medication(s) are indicated, as criteria necessary to support the medical necessity of medication(s). Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease lumbar spine, sprain/strain lumbar, and sciatica. However, there is no documentation of which specific medication(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested medication(s) are indicated. Therefore, based on guidelines and a review of the evidence, the request for MEDS (unspecified) is not medically necessary or appropriate.