

Case Number:	CM14-0212478		
Date Assigned:	01/02/2015	Date of Injury:	05/29/2006
Decision Date:	02/20/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 54-year-old male with a 5/29/2006 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/29/14 noted subjective complaints of 7/10 mid/low back pain. Objective findings included decreased lumbar ROM. Diagnostic Impression: degenerative disc disease. Treatment to Date: medication management, lumbar ESI, lumbar facet injection, trigger point injection. A UR decision dated 12/3/14 denied the request for trigger point injection tendon/sheath/ligament/ganglion - cyst/carpal & tarsal tunnel. There is no twitch response documented. It also denied trigger point injection SI joint. There is no twitch response documented. It also denied ROM testing. There is no currently available documentation to establish the medical necessity for this diagnostic exam as a separate procedure. It also denied DNA diagnostics. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. It also denied drug screen. There is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of prior drug screens. It also denied muscle testing. There is no currently available documentation to establish the medical necessity for this diagnostic exam as a separate procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection (tendon/sheath/ligament/ganglion-cyst/carpal and tarsal tunnel): Upheld

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

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

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, there is no diagnosis of myofascial pain syndrome. Additionally, there is no documentation of a twitch response in the physical exam. Furthermore, there is no documentation of failure of medical management. Therefore, the request for trigger point injection (tendon/sheath/ligament/ganglion-cyst/carpal and tarsal tunnel) is not medically necessary.

Trigger point injection - sacroiliac joint injection: Upheld

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

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

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, there is no diagnosis of myofascial pain syndrome. Additionally, there is no documentation of a twitch response in the physical exam. Furthermore, there is no documentation of failure of medical management. Therefore, the request for trigger point injection - sacroiliac joint injection is not medically necessary.

Range of motion testing: Upheld

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

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 chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that flexibility should be a part of a routine musculoskeletal evaluation, and does not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way". However, while range of motion testing is a normal, routine part of the musculoskeletal evaluation, computerized range of motion and muscle testing is not recommended. Therefore, the request for range of motion testing is not medically necessary.

DNA diagnostics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Integrated Treatment/Disability Duration Guidelines, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-DNA testing.

Decision rationale: CA MTUS does not address this issue. ODG states that genetic testing for potential narcotic abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Therefore, the request for DNA diagnostics is not medically necessary.

Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the documents available for review, there is no mention of concern for illicit drug use, drug abuse, or any adverse effects or aberrant behavior. Therefore, the request for drug screen is not medically necessary.

Muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

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 chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that flexibility should be a part of a routine musculoskeletal evaluation, and does not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way". However, while range of motion and muscle testing is a normal, routine part of the musculoskeletal evaluation, computerized range of motion and muscle testing is not recommended. Therefore, the request for muscle testing is not medically necessary.