

Case Number:	CM14-0217859		
Date Assigned:	01/07/2015	Date of Injury:	12/03/2010
Decision Date:	03/03/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 47 year old female was injured 12/3/10. On 12/6/10 the injured worker experienced low back and right hip pain and received an injection into her right hip which she described as helpful. There was 50% pain relief for greater than 2 months. She attended physical therapy (at some point in 7/2011) which flared up her back pain. She experienced radiation of the back pain into the right thoracic area with numbness and tingling in the posterior right buttock and posterior leg; in addition, her pain complaints included neck, shoulders, wrists and hands; sleep disturbances as well. On 9/2/11 she received a bursal injection for the right hip. Psychological assessment suggested that psychological variables may be affecting the injured workers experience of pain and treatment response to a mild degree and that she should have a successful outcome from medical treatment. Medications were Norco, Ambien and Flexaril. Norco provides pain relief, improved activity tolerance and improved quality of life. Flexaril causes sedation. She was provided with an ergonomic chair which was of benefit. Pool physical therapy was extremely beneficial. Transcutaneous electrical nerve stimulator was effective with pain relief. An MRI of the lumbar spine (6/24/14) demonstrated mild degenerative disc disease with patent neural foramina and central canal at L2-3 and L3-4; facet hypertrophy with mild right neural foraminal narrowing at L5-S1 and the central canal is patent. Her diagnoses included peripheral nerve entrapment and residual bilateral arm pain; carpal tunnel impingement, upper extremity cumulative trauma disorder and osteoarthritis of the first carpal metacarpal joint. On examination of the bilateral upper extremities, lower extremities and spine revealed soft tissue dysfunction and spasm in the lumbar paraspinal and gluteal region; on palpation of the lumbar spine there

was evidence of circumscribed lumbar paraspinal trigger points with evidence of a twitch response as well as referred pain in the lumbar region. Radiculopathy is not present. Urine drug screen was done but results are not clearly documented. The injured worker is working full time. Of note, in 2007 the injured worker reported symptoms of bilateral arm pain with soreness in bilateral hands and wrists. She had physical therapy steroid injections, carpal tunnel splints, medication and ergonomic accommodations. She did go back to work after this issue. On 12/23/14 Utilization Review (UR) non-certified a request for trigger point injections with ultrasound guidance one every three months based on guideline recommendations that no repeat injections are given unless a greater than 50% pain relief is obtained for six weeks after the injection with documented evidence of functional improvement. Injections cannot be approved in advance for treatment every six months when the benefits of the treatment are not known. MRI of the lumbar spine was non-certified based on no unequivocal objective findings that identify specific nerve compromise on neurological examination and no "red flag" conditions have been noted. In addition there are no MRI findings that would alter the course of treatment since the injured worker continues to work full time. MTUS Chronic Pain Guidelines and ACOEM Guidelines Chapter 12: Low Back were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections with ultrasound, 1 every 3 months QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band... For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points:(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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The medical documents do meet some criteria for trigger point injections per MTUS, however, MTUS specifically states that radiculopathy should not be present by exam, imaging, or neuro-testing and findings of radiculopathy are present on treatment notes. As such, the request for trigger point injections is deemed not medically necessary.

MRI of the lumbar 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): 287-300. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI lumbar spine is not medically necessary.