

Case Number:	CM15-0171309		
Date Assigned:	09/11/2015	Date of Injury:	03/03/2015
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: Connecticut, California, Virginia

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

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 65 year old female, who sustained an industrial-work injury on 3-3-15. She reported initial complaints of neck, thoracic and lumbar pain. The injured worker was diagnosed as having cervical spondylosis, arthritis, osteoarthritis, spondylarthritis, inflammation of sacroiliac joint, and lumbar spondylosis. Medical history includes chronic fatigue syndrome, systemic lupus erythematosus and hypertension. Treatment to date has included medication, diagnostics, chiropractic treatment, and activity modification. MRI results were reported on 6-5-15 of cervical spine revealed degenerative changes with left sided hypertrophy, bilateral facet hypertrophy and disc osteophyte complex (3 mm) at C5-6 causing mild dural compression, moderate left-right neural foraminal stenosis. The thoracic spine on 6-5-15 reported mild degenerative changes without significant dural compression or neural foraminal stenosis. The lumbar spine on 6-5-15 demonstrated characteristics of osseous structures with normal appearance of spinal cord, surrounding canal and foramina. X-rays were reported to demonstrate mild degenerative disc disease of the lumbar spine, osteophytes and disc space narrowing in the thoracic x-ray, and multilevel disc disease at C5-6 with osteophytes and disc space narrowing of the cervical spine. Currently, the injured worker complains of neck, upper back, low back pain rated 6 out of 10. Per the primary physician's progress report (PR-2) on 7-16-15, exam revealed diffuse tenderness to the paraspinal, periscapular, thoracic, and lumbar spine along with spasm. There was severe pain to palpation of the left sacroiliac joint, positive facet loading in the cervical spine, tenderness and myospasms in the trapezius muscle groups. On 7-22-15, exam reveals positive multiple trigger point tenderness to palpation in paraspinal regions and decreased range of motion and positive straight leg raise on left. Current plan of care includes

acupuncture, heat application, continue Ibuprofen and Salonpas, and follow up for trigger point injection and S1 joint injection. The Request for Authorization date was 7-20-15 and requested service included left SI joint injection with anesthesia pain management physician-one time and left thoracic paraspinal/periscapular trigger point injection with anesthesia pain management physician-one time. The Utilization Review on 7-31-15 denied the request for lack of documentation regarding aggressive conservative therapy, including physical therapy, home exercise, and medication management prior to proceeding with sacroiliac joint blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI joint injection with anesthesia pain management physician-one time: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip/pelvis, SI joint blocks.

Decision rationale: SI Joint blocks are recommended by the ODG with the following limitations: the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), diagnostic evaluation must first address any other possible pain generators, the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Blocks are performed under fluoroscopy and a positive diagnostic response must be recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. In this case, the provided records show minimal objective evidence of findings to support the request, and it is not clear that aggressive conservative treatment to include physical therapy has been exhausted. SI joint injections may eventually be a valid option in this case, but further evidence of the need after clear failure of conservative therapy is required to support the request. Therefore, at this time, the request is not considered medically necessary.

Left thoracic paraspinal/periscapular trigger point injection with anesthesia pain management physician-one time: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The MTUS guidelines only recommend trigger point injections for myofascial pain that is non-radicular in nature and under recognition of limited lasting value when all of the following criteria are met: (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. With no evidence of referred pain on the provided documentation, and predominantly areas of what appear to be spasm and soreness, the requirements of the guidelines are not met, and therefore the treatment cannot be considered medically necessary without further documented clarification.