

Case Number:	CM15-0042065		
Date Assigned:	03/13/2015	Date of Injury:	08/26/2009
Decision Date:	05/28/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/05/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 53 year old female, who sustained an industrial injury on 8/26/2009. The current diagnoses are lumbar radiculopathy, degenerative disc disease of the lumbar spine, cervical disc degeneration, cervical facet syndrome, and cervical pain. According to the progress report dated 1/29/2015, the injured worker complains of neck pain, lower backache, and left lower extremity pain. The pain is rated 7/10 with medications and 10/10 without. The current medications are Cymbalta, Flexeril, Ibuprofen, Neurontin, Norco, Omeprazole, and Trazadone. Treatment to date has included medications, physical therapy, home exercise program, and transforaminal epidural steroid injection (12/17/2014). Per notes, the epidural steroid injection provided 50% pain relief in the low back and left leg. She still notes slight benefit at this time, however returning to baseline. The plan of care includes left lumbar trigger point injection, MRI of lumbar spine with sedation, left cervical facet block C4, C5, C6, ortho surgeon consultation, TENS unit, and Trazodone 50mg #30, Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injection Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter, Trigger point injections.

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

Decision rationale: Per ACOEM guidelines trigger point injections are not recommended for evaluation and management of ongoing back pain. The office visit dated 1/29/15 does not make notation of any trigger points. This request is not medically necessary.

MRI of lumbar spine with sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Minnesota Rules,-Parameters for Medical Imaging.

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

Decision rationale: According to ACOEM guidelines CT or MRI are indicated if there are red flags for cauda equina, tumor, infection, or fracture when plain films are negative and MRI is the test of choice for patients with prior back surgery. There was no documentation of concern for the above issues and the IW had no previous history of back surgery. The request is not medically necessary.

Left cervical facet block C4, C5, C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.

Decision rationale: Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. Specifically, facet injections with corticosteroids are not recommended. This request is not medically necessary.

Ortho Surgeon Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 180, 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

Decision rationale: ACOEM neck guidelines state that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term and unresolved radicular symptoms after receiving conservative treatment. According to the documentation the IW has a cervical sprain/strain but there are no radicular symptoms which would necessitate a referral. ACOEM back guidelines state referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. There is documentation of persistent radicular symptoms with electrophysiologic studies confirming the neural compromise however the imaging studies do not show any lesion that would be amenable to surgical intervention. The request is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

Decision rationale: Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS. Criteria for use in chronic intractable pain are documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; other ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. There is documentation of ongoing pain with failure of appropriate interventions however there is no treatment plan included to support the use of a TENS unit. The request is not medically necessary.