

Case Number:	CM15-0061081		
Date Assigned:	04/07/2015	Date of Injury:	06/26/2003
Decision Date:	05/12/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/31/2015

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: California, Massachusetts
 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 49 year old male, who sustained an industrial injury on 6/26/03. The injured worker was diagnosed as having status post anterior cervical discectomy and fusion, bilateral upper extremity radiculopathy, cervical facet arthropathy, lumbar spine sprain/strain syndrome, right lower extremity radiculopathy, reactionary depression, medication induced gastritis, status post PLIF, hypogonadism and erectile dysfunction secondary to chronic opioids use and left greater trochanteric bursitis. Treatment to date has included spinal cord stimulator (with recent removal), acupuncture, oral medications including opioids, topical medications, physical therapy and home exercise program. Currently, the injured worker complains of neck pain with associated cervicogenic headaches and radicular symptoms of lower extremity. Upon physical exam, tenderness is noted on palpation along the cervical musculature with obvious rigidity bilaterally and significant tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle rigidity along the lumbar paraspinal muscles with decreased range of motion. Tenderness is also noted in left gluteal region and left greater trochanteric region with palpation. The treatment plan included refills of oral medications, trigger point injections and interferential stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interferential/TENS combo unit with electrodes and batteries: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: According to MTUS guidelines, interferential/TENS is not recommended as an isolated treatment, and is "possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The peer reviewer determined that the request was not appropriate as there is "no documentation of inability to perform exercise or physical therapy... additionally, the patient reported benefit from the use of medication as he was able to perform cooking, cleaning and laundry duties". These are not contra-indications to trial of ICS/TENS, as the guidelines state that any of the above listed reasons is an appropriate condition (note that the guidelines state "or" following each of the clinical indications). From my review of the records the patient reports that pain is inadequate pain control with medications, side effects (gastritis) with medications making medication management difficult, and unresponsive to conservative measures such as heat/ice. Also the proposed trial of ICS is not an isolated treatment rather is used on combination with other modalities. Consequently from my review of the records there are clinical indications for medical necessity in accordance with the cited guidelines. Therefore, the requested medical treatment is medically necessary.

4 Trigger point injections: Upheld

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

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

Decision rationale: According to MTUS guidelines, trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A 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. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when

myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004). According to the records reviewed for this patient, there is reported evidence of radicular pain, consequently based on the guidelines stated above this treatment modality is not supported by the guidelines as being medically necessary. Therefore, the requested medical treatment is not medically necessary.