

Case Number:	CM15-0075873		
Date Assigned:	04/27/2015	Date of Injury:	05/01/1998
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 76-year-old female, who sustained an industrial injury on 5/1/1998. Diagnoses have included lumbar spine sprain/strain, lumbar radiculopathy, history of bilateral carpal tunnel release, cervical spine sprain/strain and bilateral lumbar facet arthropathy. Treatment to date has included lumbar magnetic resonance imaging (MRI), lumbar epidural steroid injection, lumbar facet radiofrequency rhizotomy and medication. According to the progress report dated 2/19/2015, the injured worker complained of severe right low back pain and associated muscle spasms. The pain radiated into the lateral aspect of both lower extremities. She complained of numbness and tingling in both feet. She also complained of weakness in her lower extremities; she reported falling on several occasions. Current medications included Norco, Gabapentin and Amitriptyline. She rated her pain as 5/10 with the use of Norco and 10/10 without Norco. Exam of the low back revealed moderate right-sided tenderness at the lumbosacral junction. There was palpable muscle spasm present. Authorization was requested for retrospective Range of Motion Measurement and retrospective injection bupivacaine, tendon sheath/ligament date of service (DOS) 02/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Range of Motion Measurement date of service (DOS) 02/19/15: 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): 350. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section/Flexibility.

Decision rationale: Per MTUS guidelines, observing the patient's stance and gait is useful to guide the regional low back examination. In coordination or abnormal use of the extremities may indicate the need for specific neurologic testing. Severe guarding of low-back motion in all planes may add credence to a suspected diagnosis of spinal or intrathecal infection, tumor, or fracture. However, because of the marked variation among persons with symptoms and those without, range-of-motion measurements of the low back are of limited value. Per ODG, the use of range of motion testing is not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. 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." (p 400) They do 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 injured worker's exam on 2/19/15 included range of motion testing as part of the routine doctor's visit. Available documentation reveals lumbar range of motion was 30 degrees with flexion, 0 degrees with extension and 5 degrees with right and left lateral flexion. Separate range of motion testing performed outside the scope of a routine doctor's visit it not warranted, The request for retrospective range of motion measurement date of service (DOS) 02/19/15 is determined to not be medically necessary.

Retrospective injection bupivacaine, tendon sheath/ligament (DOS) 02/19/15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Section Page(s): 122.

Decision rationale: The MTUS Guidelines recommend the use of trigger point injections for myofascial pain syndrome as indicated, with limited lasting value. It is 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. 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. Trigger point injections are not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome 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. The physical exam of this injured worker on 2/19/15 revealed objective lumbar tenderness and muscle spasm with positive twitch response. Range of motion was decreases in all planes. A previous TPI on 6/17/14 provided 50% improvement that lasted for greater than 6 weeks. The MTUS Guidelines recommended criteria have been met for repeat TPI. The request for Retrospective injection bupivacaine, tendon sheath/ligament (DOS) 02/19/15 is determined to be medically necessary.