

Case Number:	CM15-0079710		
Date Assigned:	04/30/2015	Date of Injury:	05/03/2002
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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: Emergency 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 71 year old female, who sustained an industrial injury on 05/03/2002. She has reported subsequent low back pain and was diagnosed with lumbago, adjustment disorder with depressed mood, opioid dependence and chronic pain syndrome. Treatment to date has included oral pain medication, physical therapy, TENS unit, trigger point injections and lumbar epidural steroid injections. In a progress note dated 04/02/2015, the injured worker complained of right low back pain. Objective findings were notable for tenderness to palpation of the lumbar spine with right trigger points, limited range of motion of the lumbar spine with pain and stiffness and diminished sensation to light touch over left L5 and S1 dermatomal regions and an antalgic gait. A request for authorization of 6 sessions of chiropractic therapy for the lumbar spine and trigger point injections under ultrasound x 2 of the lumbar spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x3 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Pages 58-59 Page(s): 58-59.

Decision rationale: The requested Chiropractic therapy 2x3 for the lumbar spine is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has right low back pain. Objective findings were notable for tenderness to palpation of the lumbar spine with right trigger points, limited range of motion of the lumbar spine with pain and stiffness and diminished sensation to light touch over left L5 and S1 dermatomal regions and an antalgic gait. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Chiropractic therapy 2x3 for the lumbar spine is not medically necessary.

Trigger point injection under ultrasound x2 for the lumbar spine: 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 122 Page(s): 122.

Decision rationale: The requested Trigger point injection under ultrasound x2 for the lumbar spine is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "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 injured worker has right low back pain. Objective findings were notable for tenderness to palpation of the lumbar spine with right trigger points, limited range of motion of the lumbar spine with pain and stiffness and diminished sensation to light touch over left L5 and S1 dermatomal regions and an antalgic gait. The treating physician has not documented a twitch response on physical exam nor criteria of percentage and duration of relief from previous injections. The criteria noted above not having been met, Trigger point injection under ultrasound x2 for the lumbar spine is not medically necessary.

