

Case Number:	CM15-0095240		
Date Assigned:	05/21/2015	Date of Injury:	11/12/2007
Decision Date:	07/07/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/18/2015

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 46 year old female, who sustained an industrial injury on 11/12/07. She has reported initial complaints of back pain and injury after lifting a large plant. The diagnoses have included cervical disc protrusion with radiculopathy, lumbar disc protrusion with radiculopathy; status post left rotator cuff repair, depression, right occipital neuralgia and headaches, and right piriformis tightness. Treatment to date has included medications, activity modifications, psychiatric care, surgery, physical therapy, transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the physician progress note dated 4/2/15, the injured worker complains of neck pain and low back pain with radicular right arm numbness, tingling and weakness and right leg numbness, tingling and weakness. She also has right neck and interscapular tightness. The physical exam reveals pain with left cervical rotation and flexion. She has trigger point tenderness over areas in the right trapezius and interscapular muscles causing radicular pain with palpation. The psychological testing score is 20/30 showing moderately severe reactive depression. There is tenderness over the right piriformis muscle with palpation and stretching and over the right occipital notch. The current medications included Cymbalta, Norco, Topamax and Lidoderm patches. The urine drug screen dated 4/2/15 was inconsistent with medication prescribed. There were no diagnostic test reports noted in the records. The physician requested treatments included Right trapezius and interscapular trigger point injections, Physical therapy for neck and low back (8 sessions), Urine toxicology screen and Lidoderm 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right trapezius and interscapular trigger point injections: Upheld

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

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

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 evidence of radicular pain on exam in the provided documentation, the requirements of the guidelines are not met, and therefore the treatment cannot be considered medically necessary without further documented clarification.

Physical therapy for neck and low back (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement prior to the completion of 8 visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient will benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of

4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 8 visits to physical therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not considered medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug test Page(s): 89.

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc., however the patient is noted to have chronic pain and be taking opiates for treatment. There is no documentation of concerns for abuse/misuse or aberrant behavior, however, the chronic nature of the patient's case and the use of opioids warrants screening to properly manage continuing treatment. Utilization Review appropriately modified the request to a 10-panel random tox screen to include confirmatory testing only on inconsistent results x1. Therefore, the need for screening is substantiated at this time, but because the modification is appropriate, the initial request is not considered medically necessary.

Lidoderm 5% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57.

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/ SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case, the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches, and therefore the request for topical lidocaine at this time cannot be considered medically necessary.