

Case Number:	CM13-0021143		
Date Assigned:	11/08/2013	Date of Injury:	01/31/1986
Decision Date:	01/16/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, reportedly associated with an industrial injury of January 31, 1986. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; topical analgesics; and apparently imposition of permanent work restrictions. It is not clear whether the applicant has returned to work. In a utilization review report of August 22, 2013, the claims administrator denied a request for an anti-inflammatory injection at L3-L4 or L3-S1 already performed. The applicant's attorney later appealed, on August 30, 2013. A letter of August 26, 2013 is notable for the comments that the applicant has lifetime medical for chronic low back and sciatica pain. These injections reportedly keep the applicant functional. On August 9, 2013, the applicant presented with an exacerbation of low back pain with associated sciatica symptoms. The applicant was on Celebrex, Norco, tramadol, and capsaicin. Positive straight leg raising and tenderness about the sciatic notch were appreciated. The applicant apparently underwent the injection while in the clinic. The claims administrator apparently deemed this injection as some form of trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Anti-Inflammatory Injection, left L3-L4 or L3-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CPT Procedure Code Index.

Decision rationale: The request for authorization form suggests that this represented CPT code 20550. CPT code 20550, per the CPT code look-up tool, represents a tendon sheath injection or trigger point injection. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are indicated in the treatment of myofascial pain with circumscribed trigger points in individuals in whom there is no evidence of radiculopathy. In this case, the applicant does apparently have evidence of sciatic pain/radicular pain for which trigger point injections are not indicated. It is further noted that the applicant has had these injections in the past. There is no clear evidence of functional improvement as defined in MTUS - Definitions: (f) "Functional improvement", which would justify or make the case for a variance from the guidelines. The applicant does not appear to have returned to work. The applicant's continued reliance on multiple medications, including Celebrex and Norco, further suggests a lack of functional improvement as defined in MTUS - Definitions: (f) "Functional improvement". Therefore, the request remains non-certified, on independent medical review.