

Case Number:	CM13-0027199		
Date Assigned:	11/22/2013	Date of Injury:	09/02/2010
Decision Date:	06/09/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 59-year-old male who reported an injury on 09/02/2010. The mechanism of injury was not provided within the medical records. The injured worker's initial diagnoses included right-sided mid to lower thoracic pain, with radiation toward the right; thoracic spine degenerative disc disease; and radicular radiation. The injured worker received an unknown duration of physical therapy, epidural steroid injections to unspecified lower body regions, and has sustained activity modification. It was noted that the injured worker received a laminar epidural steroid injection at T11-12, in 08/2012; however, this treatment provided him with only 2 weeks of symptom relief. Despite continued medication management for pain control, the injured worker continued to complain of mid back, ribcage, and leg pain. There was mention of recommendation for a T11-L1 facet injection; however, it is unclear if this was ever performed. There was no current focused physical examination of the thoracic spine, and he was considered permanent and stationary as of 04/2013. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Potassium (unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term treatment of moderate to severe pain. In the treatment of chronic low back pain, NSAIDs are recommended for treating exacerbations of symptoms. These types of medications should be used with caution, in patients with hypertension and certain gastrointestinal risk factors. Guidelines also recommend routine CBC and chemistry profile monitoring, to include liver and renal function tests, and the lowest effective dose is to be used for the shortest duration of time. The clinical information submitted for review failed to provide evidence of duration of use; there was no discussion regarding how long the patient had been utilizing this medication, and to what benefit. Additionally, there were no lab results submitted for review, or discussion regarding the presence of any other co-morbidities that might place the patient at an increased risk, with use of NSAIDs. As there was no information detailing the medication efficacy, duration of use, and no desired quantity or dosage submitted in the request, medical necessity cannot be determined. As such, the request for Diclofenac potassium (unknown) is not medically necessary.

Trigger point injection: 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): 121.

Decision rationale: The California MTUS/ACOEM Practice Guidelines recommend trigger point injections to treat myofascial pain syndrome. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence of a twitch response and referred pain, upon palpation; symptoms that have persisted for greater than 3 months; other conservative treatments have failed to control pain, and there is no presence of radiculopathy. As there was no recent clinical examination submitted for review, the patient's current presentation cannot be appropriately assessed. There was no documentation in the Agreed Medical Evaluation of the presence of any trigger points; however, this evaluation was performed over 1 year ago. As no subsequent notes were included for review, medical necessity and guideline compliance cannot be determined. Furthermore, there was no description in the request regarding which body regions were to be treated. As such, the request for trigger point injections is not medically necessary.