

Case Number:	CM13-0037526		
Date Assigned:	01/15/2014	Date of Injury:	05/21/2010
Decision Date:	03/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/23/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and Orthopedic Sport 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 injured worker is a 37-year-old man with constant low back pain since a fall on may 21, 2010. Thus far, the treatments include multiple medications, TENS (Transcutaneous electrical nerve stimulation), therapy, chiropractic, and multiple injections, which was ineffective or only temporarily helpful. In some cases, such as after October 27, 2010, thoracic epidural steroid injection symptoms were made worse. Pain and numbness sometimes radiated to the left foot and "prevent sitting or standing more than 10 minutes." There is noted to be a palpable subcutaneous mass overlying the left iliac bone. Temporary improvement lasting "a defined period of time" occurred after injection of local anesthetic and triamcinolone into a "painful trigger joint left low back" on May 28, 2013, and improvement of "3 or 4 days" after injection of local anesthetic and methylprednisolone into the same area on June 25, 2013. A request was made for general surgical consultation for possible removal of a subcutaneous nodule.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Surgeon Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints,

Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The injections performed can only be described as trigger point injections, although the MTUS criteria for initial trigger point injection are not present in the reviewed documentation and the addition of corticosteroid is not generally recommended. Repeat injection in the same area are not recommended in the absence of 50% pain relief for six weeks and documented functional improvement, nor are repeated injections recommended within two months. Therefore, the June 28, 2013 injection would not have been considered medically necessary. Surgery is not a treatment consideration for trigger points and is not mentioned in the MTUS. Unstated in the MTUS, but specific to this case, a subcutaneous nodule is not a plausible source of the symptoms dating back to the May 21, 2010 incident, and therefore, removal cannot reasonably be expected to be beneficial. Therefore, there is no medical necessity for general surgical consultation.