

Case Number:	CM13-0039360		
Date Assigned:	12/18/2013	Date of Injury:	05/14/2008
Decision Date:	03/18/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/04/2013

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:

This 32 year-old male sustained an injury on 5/14/08 while employed by [REDACTED]. Request under consideration include injection of the right lower back lipoma per report date 08/23/13 quantity one. Report of 8/23/13 from [REDACTED] noted patient with complaints of right upper buttock and lower back region pain; lateral to anterior right hip and groin pain. Pain is worsened by sitting and running with pain level at 5/10. He did not get any relief with a facet injection. Exam showed sensation is intact; incisions are normal and clean; some pain in hip area with internal rotation and some tightness around the hip girdle; tender lipoma on right side just over the posterior crest; gait is within normal limits. MRI shows solid healing at L5-S1 with no residual stenosis; no additional disc problems are seen. Request on 8/30/13 was for right lower back injection for lipoma. This was non-certified on 9/6/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

injection of the right lower back lipoma per report date 08/23/13 quantity one: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Page(s): 8-9.

Decision rationale: MTUS Guidelines are silent on treatment of lipoma injection; however, does state that therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Submitted reports have not demonstrated a history of the development of the lipoma, a fatty tissue of unknown etiology along with any correlation of the current low back pain complaints associated with the lipoma. The injection of the right lower back lipoma per report date 08/23/13 quantity one is not medically necessary and appropriate.