

Case Number:	CM13-0039898		
Date Assigned:	06/11/2014	Date of Injury:	08/03/2011
Decision Date:	08/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/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 female injured on 8/3/11 due to an undisclosed mechanism of injury. Current diagnoses include cervical discogenic disease with radiculitis, chronic cervical spine sprain/strain, bilateral cervical radiculopathy, cervical facet arthrosis, lumbar discogenic disease, history of lumbar spondylolisthesis L5-S1 level, chronic low back pain, left shoulder impingement syndrome with subacromial bursitis, bilateral knee anterior cruciate ligament tears with valgus deformity bilaterally, HNPC 5-6 to 6-7, and status post C5-7 fusion on 9/27/13. MRI of the lumbar spine dated 4/27/13 indicated disc desiccation noted at L5-S1, reduced intervertebral disc height at L5-S1, Schmorl's node at T10-11 to L2-3, L5-S1 diffused disc protrusion with effacement of thecal sac, bilateral neuroforaminal narrowing with oblique orientation that effaces the left and right exiting nerve roots, grade 1 anterolisthesis of L5 over S1 noted, and fractures of Pars interarticularis at L5 vertebra appreciated bilaterally. The clinical note dated 4/15/14 indicated the injured worker presented complaining of chronic cervical spine, low back, left shoulder and bilateral knee pain. Examination of the lumbar spine reveals positive spasm, painful and limited range of motion, positive Lesegue's signs bilaterally, positive straight leg raise test bilaterally, and decreased sensation noted for L5 bilaterally. The injured worker has failed conservative treatment measures to include oral medications, activity modifications, physical therapy, and prolonged rest. The treatment plan includes physical therapy, two lumbar epidural steroid injections, osteoarthritis braces for the bilateral knees, and referral for orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENECIN 500 MG # 90 WITH 6 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: As noted on page 50 of the Chronic Pain Medical Treatment Guidelines, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The documentation does not indicate the injured worker has a history of osteoarthritis of the knee necessitating the use of glucosamine. As such, the request cannot be recommended as medically necessary.

TRIGGER POINT INJECTION TO BILATERAL CERVICATRAPEZIAL RIDGES:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxants have failed to control pain; radiculopathy is not present not more than 3-4 injections per session; 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; and frequency should not be at an interval less than two months. The clinical documentation failed to meet these criteria. As such, the request cannot be recommended as medically necessary.

LUMBAR EPIDURAL STEROID INJECTIONS (LESI) X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. The

level of injection was not specified in the request. As such, the request cannot be recommended as medically necessary.