

Case Number:	CM13-0042141		
Date Assigned:	12/27/2013	Date of Injury:	11/30/2005
Decision Date:	02/27/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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 patient is a 56-year-old male who reported an injury on 11/30/2005. The injury was noted to have occurred due to frequently forceful reaching that he had to do because of the new carpet in his office, which did not allow his stool to roll freely. His diagnoses included chronic pain due to trauma, lumbar/thoracic spine/lumbosacral radiculitis/neuritis/radiculopathy unspecified, lumbar disc displacement without myelopathy, lumbar sprain, unequal length of leg, sacroiliac ligament sprain, and status post total hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4 (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend 8 to 10 visits of physical medicine over 4 weeks in the treatment of unspecified neuralgia, neuritis, and radiculitis. The patient was noted to have previously participated in physical therapy. However, the physical therapy notes were not provided for review. XXXXXXXXXX indicates that she had 12 sessions of

physical therapy in 01/2013, and her overall condition had improved. As there were no physical therapy notes included in the clinical information for review, these statements are not supported. Additionally, the request for physical therapy 3 times a week for 4 weeks exceeds the guideline recommendations of 8 to 10 visits over 4 weeks. For these reasons, the request is non-certified.

SOMA COMPOUND CODEINE 200-325-16MG #120: 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 Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma®) Page(s): 29.

Decision rationale: According to the California MTUS Guidelines, the use of Soma long-term is not recommended, as this medication has been shown to have a high incidence of abuse for its sedative and relaxant effects. As the patient has been noted to be taking this medication long-term, the continued use is not supported by evidence-based guidelines. As such, the request is non-certified.

TRIGGER POINT INJECTION (RETRO): Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, the criteria for use of trigger point injections includes that for repeat injections, the documentation needs to show a 50% pain relief for at least 6 weeks after previous injections, plus documentation of functional improvement. The clinical information provided for review indicates that the patient had previous lumbar trigger point injections on 05/10/2013 and reported a 40% reduction in his pain, plus improved activities of daily living and quality of life. It is also indicated that the patient reported an additional 20% of relief at his next appointment on 06/25/2013. Therefore, the patient did have more than 50% pain relief for at least 6 weeks following previous injections. However, the California MTUS Guidelines state that there also needs to be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, and radiculopathy should not be present by exam. The patient's recent physical exam findings failed to include evidence of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, and there were objective findings consistent with radiculopathy. As such, the use of trigger point injections is not supported by evidence-based guidelines. For this reason, the request is non-certified.

(B) SACROILIAC JOINT INJECTIONS (RETRO): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & pelvis, Sacroiliac joint blocks.

Decision rationale: According to the Official Disability Guidelines, sacroiliac joint blocks may be recommended for patients when their history and physical suggests the diagnosis, with documentation of at least 3 positive exam findings consistent with sacroiliac joint pain. Repeat blocks may be recommended if there is documentation of greater than 70% pain relief for at least 6 weeks following a previous injection. The clinical information submitted for review indicate that the patient had a total of 60% pain reduction following his lumbar trigger point and sacroiliac joint injections on 05/10/2013. Therefore, a repeat injection is not supported. Additionally, the patient's recent physical exam findings note that there is tenderness over the bilateral sacroiliac joints; however, there were no positive sacroiliac joint pain tests that showed positive in addition to this finding to suggest the diagnosis. For these reasons, the request is not supported. As such, the request is non-certified.