

Case Number:	CM13-0045755		
Date Assigned:	02/26/2014	Date of Injury:	12/05/2011
Decision Date:	04/30/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 Management and is licensed to practice in Florida. 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 patient is a 59-year-old female who reported an injury on 12/05/2011. The mechanism of injury was not stated. The patient was diagnosed with lumbar radiculopathy, lumbar herniated nucleus pulposus, acute sacroiliac joint pain; myospasm and myofascial trigger points, left hip internal derangement, chronic pain, depression and fatigue. The patient was seen by [REDACTED] on 09/13/2013. The patient was status post epidural steroid injection at L5 and S1. The patient reported excellent relief of low back pain. Present complaints included a flare up of pain isolated to the left side of the lower back and left sacroiliac region. Physical examination on that date revealed an antalgic gait, weakness, painful range of motion, muscle spasms on the left with 4 myofascial trigger points with a twitch response and a referral of pain and acute tenderness to palpation of the left sacroiliac joint. Treatment recommendations at that time included a sacroiliac joint injection, myofascial trigger point injections, a vitamin B12 injection, continuation of tramadol ER and physical therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The current request is a nonspecific request and does not include the body part or frequency of treatment. Therefore, the current request is not medically appropriate. As such, the request is non-certified.

RETROSPECTIVE REVIEW OF SACROILIAC JOINT INJECTION WITH ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/hip.htm#Sacroiliacjointblocks>)

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 Chapter, Sacroiliac Joint Blocks

Decision rationale: The Official Disability Guidelines state that the history and physical should suggest the diagnosis with at least 3 positive examination findings prior to the sacroiliac joint block. There should also be evidence of a failure of 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise and medication management. As per the documentation submitted, the patient's physical examination only revealed painful range of motion of the left hip with tenderness to palpation. There was no evidence of at least 3 positive examination findings. There was also no documentation of a failure to respond to at least 4 to 6 weeks of aggressive conservative therapy. Therefore, the request is non-certified.

MYOFASCIAL TRIGGER POINT INJECTIONS WITH ULTRASOUND GUIDANCE (X4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Occupational Disability Guidelines (ODG) (http://www.odg-twc.com/odgtwc/low_back.htm) , Trigger Point Injections

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

Decision rationale: The California MTUS Guidelines state that trigger point injections are recommended only for myofascial pain syndrome. There should be evidence of a failure to respond to medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants. There should not be evidence of radiculopathy. As per the documentation submitted, the patient does maintain a diagnosis of lumbar radiculopathy. The patient's physical examination on the requesting date revealed weakness in the left lower extremity, decreased sensation in the left lower extremity at the L5 and S1 distributions and a

positive straight leg raise on the left. Therefore, the patient does not meet the criteria for the requested procedure. As such, the request is non-certified.

VITAMIN B12 INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 7th Edition (Web) 2012 Pain Chapter, Vitamin B

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Vitamin B

Decision rationale: The Official Disability Guidelines state that vitamin B is frequently used for treating peripheral neuropathy; however, its efficacy is unclear. Vitamin B is not recommended. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

TRAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: This is a nonspecific request that does not include the dosage, frequency or quantity. Therefore, the request is not medically appropriate and is non-certified.