

Case Number:	CM13-0058975		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2002
Decision Date:	04/10/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/27/2013

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 & Rehabilitation, 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 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 57-year-old female who reported an injury on 05/06/2002; the mechanism of injury involved heavy lifting. The patient was diagnosed with postlaminectomy syndrome, degenerative disc disease, degenerative joint disease and myofascial pain. The patient was seen by [REDACTED] on 10/04/2013. The patient reported persistent pain in the lower back with radiation to the left lower extremity. Physical examination revealed decreased cervical and lumbar range of motion, 5/5 motor strength in the bilateral upper and lower extremities with the exception of the left hip and intact sensation with positive straight leg raise on the right. Treatment recommendations included a right sacroiliac joint injection, a caudal epidural steroid injection, trigger point injections and the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right sacroiliac joint 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), Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter, Sacroiliac Joint Blocks.

Decision rationale: The Official Disability Guidelines state that a history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings. As per the documentation submitted, there is no evidence of a failure to respond to 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise and medication management. There was also no documentation of at least 3 positive examination findings suggesting sacroiliac etiology. Based on the clinical information received, the request is non-certified.

A caudal epidural steroid injection for the lumbar spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. As per the documentation submitted, the patient has previously undergone an epidural steroid injection without relief. Therefore, additional treatment cannot be determined as medically appropriate. There was also no indication of an exhaustion of recent conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for review. Based on the clinical information received, the request is non-certified.

The request for trigger point injections in the low back: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. As per the documentation submitted, the patient has previously undergone an epidural steroid injection without relief. Therefore, additional treatment cannot be determined as medically appropriate. There was also no indication of an exhaustion of recent conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for review. Based on the clinical information received, the request is non-certified.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 and 124.

Decision rationale: he California MTUS Guidelines state that muscle relaxants are recommended as nonsedating second-line options for the short-term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. As guidelines do not recommend the long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.