

Case Number:	CM14-0009884		
Date Assigned:	02/21/2014	Date of Injury:	03/17/2008
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery, 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 38 year old male injured on 03/17/08 when he slipped while carrying a heavy object landing on his right leg. Current diagnoses include lumbosacral radiculopathy, right hip tendinosis/bursitis, right lower extremity pain, and left knee tendonitis/bursitis. The clinical note dated 11/07/13 indicates the injured worker presented with complaints of chronic pain in the right hip, lumbar spine, and left knee. The injured worker rated the pain at 6/10 on Visual Analogue Scale (VAS). Physical examination revealed spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension, discomfort on flexion and extension of the right hip, discomfort on flexion and extension of the left knee with medial and lateral joint line tenderness. The injured worker was administered injection of Lidocaine and Depomedrol 0.5ccs x 2. The clinical note dated 10/11/13 indicates the injured worker presented with complaints of chronic pain in the lumbar spine, left knee, and right hip. The injured worker rated his pain as 6/10 and continued to refrain from lumbar spine surgery. There was no change in physical assessment findings. The injured worker was provided with a trial of Cidaflex. The documentation indicates request for functional capacity evaluation to systematically document his current physical ability to be utilized in preparation of a final report for AMA impairment gradings. The documentation indicates the injured worker's work status remains unchanged which is usual and customary work duties. The initial request for a functional capacity evaluation and retrospective injection of Lidocaine and Depomedrol 0.5 cc injection x 2 into the right lower back was initially non-certified on 12/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: As noted in the Fitness for Duty chapter of the Official Disability Guidelines - Online version, a Functional Capacity Evaluation should be considered if case management is hampered by complex issues such as prior unsuccessful return to work (RTW) attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. Additionally, the timing should be appropriate. The patient should be close or at Maximum Medical Improvement (MMI) and all key medical reports secured. Further, additional/secondary conditions must be clarified. The clinical note indicates the patient's current work status remains unchanged and is his usual and customary work duties. Additionally, functional capacity evaluation are not indicated to systematically document his current physical ability to be utilized in preparation of a final report for Agreed Medical Evaluation (AMA) impairment gradings as intended by the requesting provider. As such, the request for Functional Capacity Examination cannot be supported as medically necessary.

RETROSPECTIVE INJECTION OF LIDOCAINE AND DEPO-MEDROL 0.5 CC INJECTEC X2 INTO THE RIGHT LOWER BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), CHRONIC PAIN, 122

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 112.

Decision rationale: As noted on page 122 of the Chronic Pain Medical Treatment Guidelines, trigger point injections with a local anesthetic 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 medications (NSAIDs) and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The documentation lacks objective findings to support the required criteria. Additionally, the addition of Depo-medrol is not recommended for use as trigger point injection. As such, the

request for retrospective injection of lidocaine and Depo-Medrol 0.5 cc injectec x2 into the right lower back is not supported as medically necessary.