

Case Number:	CM14-0011748		
Date Assigned:	02/21/2014	Date of Injury:	12/15/2011
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine, 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 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:

Patient is a 40 year-old female with date of injury 12/15/2011. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 01/10/2014, lists subjective complaints as pain in the head, neck and back Patient complains pain is worsened by bending or twisting to either side. There is a request for authorization for LESI present in the record dated 01/11/2013 that states the patient had a previous lumbar epidural steroid injection which provided 50% improvement. Objective findings: Examination of the lower back revealed increased pain levels and tenderness to palpation of the bilateral lumbar paraspinal muscles. Spasms were noted at bilateral trapezius. Diagnosis: 1. Myofascial pain syndrome 2. Cervical spine strain/sprain 3. Lumbar spine strain/sprain 4. Lumbosacral facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) KENALOG 40MG: 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 Page(s): 46.

Decision rationale: Careful reading of the handwritten request for authorization shows that Kenalog is actually one of the substances the physician intended to inject-Kenalog 40 mg and 5 cc of 1% Xylocaine-and as such, is a component of the trigger point injection request addressed below and as such is additionally not medically necessary.

FOUR (4) TRIGGER POINT INJECTION FOR BILATERAL LUMBAR LIGAMENTS USING 5CC OF 1% LIDOCAINE: 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 Page(s): 46.

Decision rationale: According to the MTUS, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The reviewed medical record contains no lumbar MRI or electrodiagnostic testing required by the MTUS. Four (4) Trigger Point Injection For Bilateral Lumbar Ligaments Using 5cc Of 1% Lidocaine is not medically necessary