

Case Number:	CM14-0017487		
Date Assigned:	04/14/2014	Date of Injury:	03/15/2007
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53 year old male with date of injury 3/15/07. The treating physician report dated 1/14/14 indicates that the patient presents with pain affecting the post surgical umbilical hernia site. The current diagnoses are: Status post umbilical hernia repair with mesh; Status post left clavicle surgery, April 2003; Diastasis recti. The utilization review report dated 2/3/14 denied the request for one series of 3 steroid injections to the umbilicus based on the rationale that a series of three injections were recommended for certification on 11/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SERIES OF 3 STEROID INJECTION TO THE UMBILICUS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections/Criteria for the use of Trigger point injections.

Decision rationale: The current request is for one series of 3 steroid injections to the umbilicus. The surgeon's report dated 11/5/13 first recommended the 3 injections in his initial consultation

report. The surgeon's follow up report dated 1/14/14 states the patient presented for the first injection in a series of three to the umbilical area. It was recommended that the patient undergo a series of steroid injections to the umbilical area. These are given three times at three week intervals. The Utilization Review report dated 2/3/14 states a series of 3 of these injections were recommended certified on 11/29/13. It appears that the original request for the 3 injections made on 11/5/13 was authorized on 11/29/13. The surgeon then performed the first injection on 1/14/14, but in that report he also restated the recommendation for the 3 injections that appears to have triggered this review. Given that that initial request for the 3 injections was authorized and the patient apparently received 1/3 of these injections there does not appear to be a need for a second series of 3 injections at this time. Therefore, this request is not medically necessary.