

Case Number:	CM14-0034663		
Date Assigned:	06/20/2014	Date of Injury:	10/21/2010
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 67-year-old male injured on October 21, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of low back pain and leg pain. No focused physical examination was performed on this date. A Medrol dose pack was prescribed and trigger point injections were recommended. Diagnostic imaging studies objectified a large disc herniation at L1/L2 compressing the dural sac and impinging that held two nerve roots. There was also evidence of a prior left sided laminectomy at L3/L4 and L4/L5. Previous treatment includes epidural steroid injections which did not provide any relief. A request had been made for trigger point injections, HEP support care, and a Medrol dose pack and was determined not medically necessary in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: 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 MTUS Chronic Pain Page(s): 122.

Decision rationale: The progress note dated February 18, 2014 notes that there was a taut band of skeletal muscle which produced a local twitch response. However, trigger point injections were not recommended on that date. There is no progress note since that date that documents a similar physical examination finding including the note dated February 18, 2014. According to the Chronic Pain Medical Treatment Guidelines the criteria for trigger point injections includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. As there was no such physical examination at that time, the request for trigger point injections is not medically necessary.

HEP Support Care: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 58-59.

Decision rationale: It is unclear what is desired with the request for HEP support. The injured employees participating in a home exercise program and it is unclear what support they would need for this. Without further clarification and justification this request for HEP is not medically necessary.

Medrol dose pack: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Corticosteroids, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines indications for the use of oral corticosteroids should include clearcut signs and symptoms of a radiculopathy. The progress note dated February 18, 2014, with a treatment plan that includes a Medrol dose pack does not mention any signs and symptoms of a radiculopathy. This request for a Medrol dose pack is not medically necessary.