

Case Number:	CM14-0059529		
Date Assigned:	07/09/2014	Date of Injury:	12/09/2012
Decision Date:	09/23/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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 42 year-old male with date of injury 12/09/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/29/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical spine revealed decreased and painful range of motion with spasm and decreased sensation. Cervical compression test was positive. Examination of the lumbar spine revealed trigger points of paraspinals were present. Range of motion was decreased and painful. Kemp's caused pain bilaterally. Sitting straight leg test caused pain on the right. Diagnosis: 1. Cervical muscle spasm 2. Cervical musculoligamentous injury 3. Cervical radiculopathy 4. Lumbar disc protrusion 5. Lumbar facet hypertrophy 6. Lumbar myospasm 7. Lumbar pain 8. Lumbar radiculopathy 9. Lumbar strain/sprain 10. Lumbar stenosis 11. Disruption of 24 hour sleep/wake cycle 12. Insomnia 13. Loss of sleep 14. Sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections Under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value and not recommended for radicular pain. There is no recent documentation of myofascial pain in the foot or ankle. Trigger point injections are not medically necessary.

Unna boot, strapping, casting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Ankle and Foot Chapter; Semi-Rigid ankle support; Cast (Immobilization).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

Decision rationale: The MTUS and ODG are silent on the issue of Unna boot, strapping, and casting for the reasons stated by the physician requesting the DME. Essentially, the requesting physician is stating that the way the patient's foot contacts the ground is causing muscle wasting in the lower extremities and symptomatology in the lumbar spine, as well as decreased proprioception on the soles of the feet. According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including documentation substantiating that the physician exercised prudent clinical judgment to order or provide this equipment for an individual for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and in accordance with generally accepted standards of medical practice. Generally accepted standards of medical practice means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations and the views of physicians practicing in relevant clinical areas and any other relevant factors. Peer-reviewed medical literature is currently lacking that substantiates the request. The request is not medically necessary.