

Case Number:	CM14-0073604		
Date Assigned:	07/18/2014	Date of Injury:	07/28/2003
Decision Date:	09/19/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/20/2014

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 records, presented for review, indicate that this 51-year-old gentleman was reportedly injured on July 28, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 9, 2014, indicated that there were ongoing complaints of low back pain radiating to the right posterior thigh. The physical examination demonstrated decreased lumbar spine range of motion and tenderness along the lower lumbar spinous processes. There was a positive facet loading test to the right side. Examination of the right hip indicated tenderness over the greater trochanteric and multiple trigger points at the right iliotibial band. Diagnostic imaging studies of the lumbar spine indicated a Grade II anterolisthesis of L5 on S1 with a bilateral pars defect. There were disc protrusions present at T11-T12 and L1-L2. A fusion was noted from L4 through S1. Previous treatment included lumbar spine surgery, physical therapy, trigger point injections, oral medications, and massage therapy. A request had been made for a spinal cord stimulator trial, the use of an outpatient facility, mentherm ointment, and six right trochanteric bursa trigger point injections with ultrasound guidance and was not certified in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial between 4/9/14 and 6/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of a spinal cord stimulator is recommended as a treatment option for adults with chronic neuropathic pain lasting at least six months despite appropriate conventional medical management. According to the recent progress note, dated April 9, 2014, there are no neuropathic findings noted on physical examination. Considering this, this request for a spinal cord stimulator trial is not medically necessary.

Outpatient Facility between 4/9/14 and 6/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Menthoderm ointment 15-10% #120 between 4/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Menthoderm ointment is a compound consisting of menthol and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for menthoderm ointment is not medically necessary.

6 right trochanteric bursa trigger point injections with ultrasound guidance: 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 Page(s): 122.

Decision rationale: The California MTUS Treatment Guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch

response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Furthermore, it is unclear why a trigger point injection is recommended in a bursa. For these multiple reasons, this request for six right trochanteric bursa trigger point injections with ultrasound guidance is not medically necessary.