MAXIMUS Federal Services

Case Number:	CM14-0191720		
Date Assigned:	11/25/2014	Date of Injury:	10/13/2010
Decision Date:	01/13/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/17/2014

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 of 10/13/2010. The listed diagnoses from 09/17/2014 are: 1. Osteoarthrosis, unspecific pelvis/thigh, right.2. Lumbosacral spondylosis, right.3. Degenerative lumbar - lumbosacral intervertebral disk. According to this report, the patient continues to have pain in the right buttock extending laterally through the hip down to the lateral knee. Pain can extend into the right inguinal area as well. He has received chiropractic treatments and active release therapy that does give him some relief. Right hip examination shows tenderness to the right buttock and over the right piriformis. In the supine position, internal rotation of the right hip produces discomfort in the right buttock, external rotation causes pain in the inguinal area. DTRs and strength are intact. The treater references an MRI of the lumbar spine that showed a small disk herniation at L1-L2, mild disk bulging at L3-L4 and L4-L5. The documents include a right total hip arthroplasty operative report from 01/31/2014, MRI of the lumbar spine from 08/13/2014, x-ray of the right pelvis from 06/04/2014, QME and AME reports from 2011, 2012, 2013, and 11/06/2014, lab report from 01/17/2014 and 10/29/2014, and progress reports from 02/17/2014 to 10/29/2014. The utilization review denied the request on 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Work CBC w/Diff. CMP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cigna.com/healthinfo/hw4260.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lab monitoring of CBC and chemistry profile Page(s): 70.

Decision rationale: This patient presents with right buttock pain extending through the hip down to the lateral knee. The treater is requesting lab work CBC with differential CMP. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine CBC testing; however, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS states that monitoring of CBC is recommended when patients takes NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but with the interval of repeating lab test after this treatment duration, has not been established." The records show that the patient's current medication includes Norco and naproxen. The records show 2 lab reports from 01/17/2014 and 10/29/2014 that showed normal results. It would appear that the 10/29/2014 lab work would be the request being reviewed. The report making the request is missing to determine the rationale behind the request. Given that the patient is current on an NSAID; periodic monitoring is supported by the guidelines. The request is medical necessary.

Ultrasound -guided trigger point injection: Upheld

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

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

Decision rationale: This patient presents with right buttock pain extending laterally through the hip down to the bilateral knee. The treater is requesting an ultrasound-guided trigger point injection. The MTUS Guidelines page 122 under its Chronic Pain Section states that trigger-point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points defined as "evidence upon palpation of a twitch response as well as referred pain"; symptoms persisting more than 3 months; failure of medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. The records do not show any previous trigger point injections. The 09/17/2014 report notes that the treater is requesting a right piriformis injection using lidocaine to determine if this is indeed the "pain generator." The examination from the 10/17/2014 report shows tenderness at the right buttock over the right piriformis. The patient also gets pain extending laterally down to the lateral knee. In this case, the treater does not document "twitch response as well as referred pain" upon palpation on examination. Instead, there is tenderness to the right buttock and over the right piriformis. In addition, the patient has radiating symptoms to the right knee. The request is not medically necessary.