

Case Number:	CM15-0001487		
Date Assigned:	01/12/2015	Date of Injury:	03/23/2000
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 56 year old female who sustained an industrial injury on 3/23/2000. She has reported low back pain. The diagnoses have included low back pain, status post lumbar spine fusion, cervical sprain/stain syndrome, cervical radiculopathy, lumbar radiculopathy, osteoarthritis of the left ankle and bilateral knees, anxiety, depression, diabetes mellitus and obesity. Treatment to date has included medication management, lumbar 5 to sacral 1 laminectomy, epidural steroid injection, and abdominal binder. In addition, the injured worker had gastric bypass and has lost a significant amount of weight. Currently, the IW complains of neck pain radiating to the upper extremities and low back pain radiating to the bilateral lower extremities. Treatment plan included consultation with internist, S4 (upper body) brace, retrospective trigger point injection to right lower back. Treating physician notes dated 11/07/2014 and 11/11/2014 were also reviewed. On 12/8/2014, Utilization Review non-certified a consultation with internist and S4 (upper body) brace, noting lack of medical necessity and retrospective trigger point injection to right lower back, noting it is not recommended for radicular pain. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/17/2014, the injured worker submitted an application for IMR for review of consultation with internist, S4 (upper body) brace, retrospective trigger point injection to right lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations; Referrals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was suffering from lower back pain after treatment with surgery; depression with anxiety; left hip tendinitis and bursitis, right knee internal derangement; and pain in the left shoulder, hand, wrist, hip, knee, and ankle. These records described no symptoms or findings requiring this type of specialty medical care, and there was no discussion suggesting the reason this consultation would be helpful. In the absence of such evidence, the current request for a consultation with an internist for unspecified issues is not medically necessary.

S4 brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0009.html

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 13 Knee Complaints Page(s): 339-340, 26, 31-32, 371-372.

Decision rationale: The MTUS Guidelines in general recommend putting joints at rest using a brace or splint only for a very brief amount of time during the earliest phase of injury recovery. The benefit is likely more by increasing the worker's confidence than medical. Bracing is generally helpful only if the worker is performing certain activities that especially stress the injured joint; it is not necessary for the average worker. When bracing is required, proper fitting and combination with a rehabilitation program is required. The submitted and reviewed documentation concluded the worker was suffering from lower back pain after treatment with surgery; depression with anxiety; left hip tendinitis and bursitis, right knee internal derangement; and pain in the left shoulder, hand, wrist, hip, knee, and ankle. There was no discussion explaining the reason for this request, identifying the joint requiring bracing, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an S4 brace is not medically necessary.

Trigger point injection to the right lower back that was performed on 11/07/2014: 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: The MTUS Guidelines support the use of trigger point injections with numbing medications for the treatment of myofascial pain syndromes. Injection with steroids or other medications is not recommended. Myofascial pain syndromes include regionally painful muscles with associated trigger points. Under specific circumstances, this treatment may be helpful in treating chronic regional pain syndrome (CRPS). Trigger point injections have not been shown to be helpful in treating other conditions such as fibromyalgia, radiculopathy, or routine back or neck pain. Criteria required to demonstrate medical necessity include detailed documentation of true trigger points on examination; on-going symptoms for at least three months; symptoms have not improved with non-invasive treatments, such as stretching and therapeutic exercises and medication to decrease swelling; examination, imaging, and neurologic studies have not shown radiculopathy; and no more than three injections per session should be done. Repeated trigger point injections should only be done if prior injections caused improved function and at least a 50% reduction in symptoms for at least six weeks and prior injections were done at least two months ago. The submitted and reviewed documentation concluded the worker was suffering from lower back pain after treatment with surgery; depression with anxiety; left hip tendinitis and bursitis, right knee internal derangement; and pain in the left shoulder, hand, wrist, hip, knee, and ankle. The documented examination did not include findings suggesting the presence of trigger points, and there was no suggestion that the worker had myofascial pain syndrome or chronic regional pain syndrome. In the absence of such evidence, the current request for a trigger point injection to the right lower back that was performed on 11/07/2014 is not medically necessary.