

Case Number:	CM15-0101337		
Date Assigned:	06/03/2015	Date of Injury:	06/01/2011
Decision Date:	11/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male, who sustained an industrial injury on 6-1-11. Current diagnoses or physician impression includes sciatica, lumbar spinal stenosis and lumbar strain-sprain. His work status is regular duty. A note dated 4-22-15 reveals the injured worker presented with complaints of progressive back pain, "bilateral radicular pain" and numbness and weakness. Physical examinations dated 3-12-15 and 4-22-15 revealed "significant trigger point in the left paralumbar area". The injured worker "exhibited a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produced a local twitch in response to pressure against the band". He has developed a "myofascial pain syndrome with a direct relationship between the specific trigger points and its associated pain region". There is limited range of motion in the "thoracolumbar spine", left straight raise lift (both seated and lying down) reproduces pain in the back and buttock and there is some weakness of the "ankle dorsiflexors and hip abductors". Treatment to date has included medication and epidural injections. An MRI (2011) was abnormal per physician note dated 3-12-15. A request for authorization dated 3-12-15 for trigger point injection (date of service 3-12-15) and Deltasone dosepak #20 (dated of service 3-12-15) is denied, per Utilization Review letter dated 4-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective DOS 03/12/15) Trigger point injection Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: (Retrospective DOS 03/12/15) Deltasone dosepak Qty: 20.00 is not medically necessary per the ODG. The MTUS does not specifically address this request. The ODG states that corticosteroids (oral/parenteral/IM for low back pain) are recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. The ODG states that this medication is not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. The documentation does not reveal evidence of acute radicular pain on the 3/12/15 progress note. The patient had an industrial injury in 2011 and has chronic pain. This medication is not medically necessary.

(Retrospective DOS 03/12/15) Deltasone dosepak Qty: 20.00: Upheld

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

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-Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: (Retrospective DOS 03/12/15) Trigger point injection Qty: 1.00 is not medically necessary per the MTUS Guidelines. The MTUS states that for trigger point injections symptoms are to have persisted for more than three months. The documentation does not reveal that trigger points have been presents for at least 3 months. This request is therefore not medically necessary.