

Case Number:	CM15-0189102		
Date Assigned:	10/01/2015	Date of Injury:	07/31/2014
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 35-year-old male, who sustained cumulative industrial trauma injuries from 07-31-2013-07-31-2014. He has reported subsequent neck and back pain and was diagnosed with cervical, thoracic and lumbar strain and sprain. X-rays of the cervical spine were noted to show mild degenerative changes at C5-C6 and C6-C7 and x-rays of the thoracolumbar spine were noted to show degenerative changes at T9-T10 with SL wedging. Treatment to date has included pain medication, which was noted to have failed to significantly relieve the pain. Work status was documented as modified. In a 04-06-2015 progress note, objective findings revealed diffuse tenderness to palpation in the cervical, thoracic and lumbar spines with all other findings within normal limits. The injured worker was placed on regular work duties. A treating physician's supplemental report on 06-01-2015 indicates that the injured worker was still experiencing pain in the neck and back regions and was requesting narcotic medications. The physician noted that the injured worker would be transferred to an orthopedic spine specialist given persistent symptomatology requiring narcotic medication. The injured worker was noted to be cleared for regular work duties. In a progress note dated 07-07-2015, the injured worker reported neck, left arm and low back pain. Neck pain was rated as 6 out of 10 at rest and 9-10 out of 10 with activity, left arm pain was rated as 3 at rest and 6 with activity and low back pain was rated as 8 out of 10 at rest and 10 out of 10 with activity. Alleviating factors for pain were noted to include medications, heat and lying down. Pain was noted to interfere with the injured worker's ability to stand or sit for more than one hour, to lift more than 15 pounds, to engage in social activities and travel and to perform activities of daily living. Objective examination findings revealed tenderness to palpation in the cervical, occipital

and trapezius regions, decreased range of motion of the cervicothoracic spine and tenderness to palpation over the thoracic paraspinal muscles. The physician's plan was to obtain medical records and recommend possible injection, thoracic spine consult. A request for authorization of ultrasound guided injection with Marcaine for the back and consultation for the thoracic spine with orthopedic surgery was submitted. As per the 09-04-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided injection with Marcaine for the back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Injection with Anaesthetics and/or steroids.

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

Decision rationale: Ultrasound Guided injection with Marcaine for the back is not medically necessary. Per Ca MTUS guidelines, which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed; therefore the requested service is not medically necessary.

Consultation for the thoracic spine with orthopedic surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per CA MTUS ACOEM, guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial fax is present, or when the plan or course of care may benefit from additional expertise." An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation 01 prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis,

prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examiner for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not indicate any of the above guidelines; therefore, the requested service is not medically necessary.