MAXIMUS Federal Services

Case Number:	CM15-0191974		
Date Assigned:	10/29/2015	Date of Injury:	04/20/2015
Decision Date:	12/15/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/29/2015

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, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male who sustained an industrial injury on 4-20-15. A review of the medical records indicates he is undergoing treatment for cervicalgia, cervical radiculopathy, left shoulder pain, thoracic spine pain, low back pain, degenerative lumbar disc, lumbar facet joint syndrome, bulging disc, sciatica, spinal stenosis, and spondylolisthesis. Medical records (6-22-15, 8-7-15, and 9-2-15) indicate ongoing complaints of left-sided neck pain, shoulder pain, and low back pain. The 9-2-15 record indicates complaints of pain in the posterior region of his head that radiates from the cervical spine to the lumbar spine region anteriorly and posteriorly. He also complains of pain that radiates to his bilateral lower extremities and left upper extremity. He reports that his left arm pain causes pain in his chest. He rates the pain "9-10 out of 10". The physical exam (9-2-15) reveals tenderness to palpation over the cervical paraspinal musculature bilaterally. Tenderness is also noted over the paraspinal musculature of the thoracic spine and from L3-4 to L5-S1 bilaterally. Deep tendon reflexes are noted to be decreased at bilateral knees and ankles. Decreased sensation is noted over L3, L4, and L5 dermatomes bilaterally. He is noted to have difficulty walking and his gait is noted to be "wide-based and antalgic". Muscle strength is "5- over 5" in all major groups of bilateral upper and lower extremities. The straight leg raise test is negative. Spurling's sign is positive on the left. Diagnostic studies have included an MRI of the lumbar spine. Treatment has included use of ice and heat, a lumbar brace, physical therapy, and medications. He is noted to be working modified duty on 8-7-15. The treatment plan is for a cervical MRI, Medrol Dose pack, Topical creams, and an ultrasound guided lumbar trigger point injection bilaterally. The utilization

review (9-14-15) includes requests for authorization of 2 bilateral ultrasound guided trigger point injections and a prescription for Medrol dose pack. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral ultrasound guided trigger point injections X 2: Upheld

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

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

Decision rationale: MTUS recommends trigger point injections based on specific clinical criteria, including documentation of circumscribed trigger points with a twitch response as well as failure to respond to specific first-line treatment and absence of radiculopathy. The records in this case do not clearly document trigger points as defined in MTUS and an alternate rationale has not been provided. This request is not medically necessary.

Medrol dose pack #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Oral corticosteroids, Low Back-Lumbar & Thoracic (Acute & Chronic): Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Oral Corticosteroids or Low Back/Oral Corticosteroids.

Decision rationale: ODG states that oral corticosteroids are not an effective treatment for patients with spinal conditions. ODG conclude that this treatment is not recommended except in limited circumstances for acute radicular lumbar pain. The records and guidelines do not provide a rationale for this requested treatment. Therefore this request is not medically necessary.