

Case Number:	CM15-0205308		
Date Assigned:	10/22/2015	Date of Injury:	03/02/2003
Decision Date:	12/10/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 2, 2003. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for topical Lidoderm patches, right sacroiliac joint injection, and trigger point injections with ultrasound guidance. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 16, 2015 office visit, the applicant reported ongoing complaints of low back pain. The applicant exhibited positive tender points, an antalgic gait, and mildly limited lumbar range of motion without any SI joint tenderness, stated in one section of the note. Another section of the note stated that the claimant exhibited tender positive about the right SI joint. The applicant apparently received a right SI joint injection and multiple trigger point injections in the clinic. The applicant's work and functional status were not clearly reported. One of the operating diagnoses was sciatica, the treating provider stated. Another upright diagnosis was radiculitis, the treating provider noted. On a pain psychology note dated September 9, 2015, the applicant was described as having ongoing issues with low back pain radiating to the right lower extremity. The applicant was apparently no longer working. The applicant had received earlier epidural steroid injection, it was reported. The applicant was given Percocet and Xanax, it was reported. The applicant was also receiving Social Security Disability Insurance (SSDI) benefits, the applicant's psychologist noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm TDSY 5% #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing use of the Lidocaine patches at issue as of the September 16, 2015 office visit at issue. Therefore, the request was not medically necessary.

Right SI joint injection with ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Sacroiliac injections.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 611.

Decision rationale: Similarly, the request for a right sacroiliac (SI) joint injection under ultrasound guidance was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300 invasive techniques such as the injection at issue are deemed of questionable merit. Here, thus, the attending provider's concurrent administration of trigger point injection therapy and SI joint injection therapy on the September 16, 2015 office visit at issue, thus, was at odds with the MTUS Guideline in ACOEM Chapter 12, page 300 and with the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes that SI joint injections are not recommended in the radicular pain context present here but, rather, should be reserved for applicants with some rheumatologically-proven spondyloarthropathy implicated in the SI joints. Here, however, there was no mention of the applicant's having rheumatologically-proven spondyloarthropathy, such as an HLA-B27 spondyloarthropathy, implicating the SI joint. The attending provider's commentary to the effect that the claimant had radicular pain complaints, myofascial pain complaints, pain complaints associated with spondylolisthesis, and SI joint pain complaints, taken together, strongly suggested lack of diagnostic clarity involving the applicant's chronic low back pain issues. Therefore, the request was not medically necessary.

Bilateral intramuscular lumbar spine trigger point injections with ultrasound guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Physical Methods, Summary.

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

Decision rationale: Finally, the request for trigger point injections under ultrasound guidance was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for radicular pain. Here, the September 16, 2015 office visit stated the two of the operative diagnoses were sciatica and radiculitis- unspecified. Trigger point injections were not, thus, indicated in the radicular pain context present here. Therefore, the request was not medically necessary.