MAXIMUS Federal Services

Case Number:	CM15-0031234		
Date Assigned:	02/24/2015	Date of Injury:	12/31/2014
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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 40-year-old who has filed a claim for low back pain reportedly associated with an industrial injury of December 31, 2014. In a Utilization Review Report dated January 26, 2015, the claims administrator retrospectively denied Kenalog-lidocaine injection and also denied lumbar MRI imaging. The claims administrator referenced a January 13, 2015 Doctor's First Report (DFR) and associated RFA form in its determination. The applicant's attorney subsequently appealed. In said Doctor's First Report (DFR) dated January 13, 2015, the applicant presented with low back pain, 8/10 pain. The note was handwritten and quite difficult to follow. Ultracet, Naprosyn, Prilosec, and Menthoderm were endorsed. The applicant was apparently given trigger point injections in the clinic. Lumbar MRI imaging was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injected 1 percent Lidocaine and 1/2 cc Kenalog: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the Kenalog-lidocaine trigger point injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, trigger point injections are deemed "not recommended." Here, the attending provider did not furnish any clear, compelling, or quoted applicant-specific rationale which would offset the unfavorable MTUS position on the article at issue. The attending provider did not clearly state why a trigger point injection was performed at the first office visit, with no attempt to allow a first-line oral pharmaceutical such as concurrently prescribed Naprosyn and/or tramadol to take effect. Therefore, the request was not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was/is no clear or compelling evidence that the applicant was actively considering or contemplating lumbar spine surgery on or around the date of the request, January 13, 2015. The office visit in question represented the applicant's first office visit to the requesting provider. The requesting provider did not appear to be a spine surgeon, reducing the likelihood that the applicant is acting on the results of the study in question. Therefore, the request was not medically necessary.