

Case Number:	CM15-0085430		
Date Assigned:	05/07/2015	Date of Injury:	06/08/2012
Decision Date:	06/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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 50 year old male, who sustained an industrial injury on June 8, 2012. He was diagnosed with lumbar disc disease without myelopathy. Treatments included trigger point injections, anti-inflammatory drugs, muscle relaxants and pain medications. Currently, the injured worker complained of constant severe pain in his low back radiating to the left hip and leg with numbness of the left leg and foot. It is noted that there was palpable spasms of the spine and restricted range of motion of the low back on examination. The treatment plan that was requested for authorization included a prescription for Depomedrol and Marcaine injection to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depomedrol 40mcg/cc and Marcaine injection lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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. Moreover the records do not clearly document functional improvement from prior TPI injections, as required by MTUS in the case of a repeat injection. For these multiple reasons this request is not medically necessary.