

Case Number:	CM14-0117816		
Date Assigned:	08/06/2014	Date of Injury:	01/15/2013
Decision Date:	10/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61 year old female who sustained an injury on 01/15/13 when she tripped and fell on her bilateral knees and hands with immediate pain. The injured worker had been followed for persistent complaints of left knee pain which had not improved with physical therapy. Ultimately, the injured worker did undergo a left knee arthroscopy with partial lateral meniscectomy, chondroplasty, and removal of loose bodies in February of 2014. This was followed by postoperative physical therapy. The injured worker continued to receive medications for postoperative pain which included the use of Naprosyn. The injured worker was reported to have had gastritis type side effects with the use of anti-inflammatories. The injured worker was also reported to have difficulty continuing with a home exercise program despite 12 sessions of physical therapy to date. The clinical report from 07/07/14 noted that therapy had been authorized at this evaluation and was pending scheduling. The injured worker's physical examination noted no evidence of soft tissue swelling or particular effusion. There was tenderness to deep palpation over the quadriceps tendon in the left knee versus the right. There was some loss of range of motion in the right knee versus the left; however, no specific instability or other pertinent findings were identified. The injured worker declined any further Cortisone injections at this evaluation. The requested trigger point injections for the upper back, Flexeril, physical therapy, and bilateral L3 through S1 medial branch blocks were all denied by utilization review on 07/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections Upper Back x 4: 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: The requested trigger point injections for the upper back x 4 would not be supported as medically necessary based on review of the clinical documentation submitted or current evidence based guidelines. The injured worker's most recent evaluation from July of 2014 did not identify any specific myofascial trigger points in the upper back areas that would support trigger point injections. It is unclear whether myofascial symptoms have existed for more than 3 months or has failed a reasonable course of conservative treatment as recommended by guidelines. Therefore, the requested services would not be indicated per guidelines as medically necessary.

Flexeril 7.5mg TID, Quantity not Specified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril 7.5mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is not specific in regards to quantity, frequency, or duration. Therefore, this request is not medically necessary.

Physical Therapy x 8 Left Knee: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The most recent clinical report from July of 2014 indicated the injured worker did not yet know her home exercise program from prior physical therapy for 12 sessions. The most recent report indicated that physical therapy had been approved and was pending

scheduling as of that evaluation. There was no other indication the injured worker had continued with physical therapy or had continuing exceptional factors in the left knee that would support additional physical therapy outside of the guideline recommendations. Therefore, the request would not be considered medically necessary per guideline recommendations.

Bilateral L3-S1 Medial branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Facet Joint Injections. Decision based on Non-MTUS Citation Official Disability Guidelines: Facet Joint Levels

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: In review of the clinical documentation submitted, the injured worker did not have any clear objective evidence regarding facetogenic pain in the lumbar spine that would support medial branch blocks from L3 through S1. Furthermore, guidelines do not recommend multiple medial branch block procedures at more than 2 joint levels. As the requested procedures include more than 2 joint levels, the proposed medial branch blocks would not be considered medically appropriate per guideline recommendations at this point in time.