

Case Number:	CM14-0170558		
Date Assigned:	10/20/2014	Date of Injury:	09/11/2013
Decision Date:	11/20/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 27 year old with an injury date on 9/11/13. Patient complains of lower lumbar pain that radiates into right leg per 9/11/14 report. Patient states that two weeks ago, he fell and landed on his tail bone and has since had increased pain in low back and right leg per 9/11/14. Based on the 9/11/14 progress report provided by [REDACTED] the diagnosis is: Sciatica. Exam on 9/11/14 showed "L-spine range of motion is limited, with extension at 10/20 degrees. Discrete focal tenderness located in a palpable taut band of skeletal muscle, which produced a local twitch in response to pressure against the band." Patient's treatment history includes physical therapy, medication, and a home exercise program. [REDACTED] is requesting trigger point injection and medrol dosepak. The utilization review determination being challenged is dated 10/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/25/14 to 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding: TriggerPoint Injections ; criteria for the use of Trigg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-7, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with lower back pain and right leg pain. The treater has asked for trigger point injection on 9/11/14. Review of the reports do not show any evidence of trigger point injections being done in the past. Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. MTUS recommends injections if examination findings show tenderness with taut band and referred pain. While this patient presents with low back pain, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. The patient also presents with radicular symptoms in which case, trigger point injections are not indicated. Recommendation is for denial.

1 Medrol dosepak: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) oral corticosteroids, under low back chapter

Decision rationale: This patient presents with lower back pain and right leg pain. The treater has asked for medrol dosepak on 9/11/14. Review of the reports show that medrol dosepak was not administered to this patient, who never seem to sleep. Regarding oral corticosteroids, ODG states not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarnier, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013). The requested medrol dosepak is not indicated at this time, as ODG does not recommended for this patient's chronic pain condition. Recommendation is for denial.