

Case Number:	CM14-0184788		
Date Assigned:	11/12/2014	Date of Injury:	02/28/1995
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 55 years old male with an injury date on 02/28/1995. Based on the 08/19/2014 progress report provided by the treating physician, the diagnoses are:1. Intervertebral cervical disc disorder with myelopathy, cervical region2. Thoracic sprain and strain3. Headache4. Gastritis5. Nerve root irritationAccording to this report, the patient complains of low back pain "continues to wax and wane, overall the same, controlled by medications at the time. Neck pain: slightly worse without (w/o) incident or injury, but a Marked increase in Thoracic spine pain this month w/ myospasm and pain. Headaches: worse, daily, chronic." Physical exam reveals moderate thoracic/lumbar paraspinal myospasm. Cervical range of motion is decreased. The 07/15/2014 report indicates "pt. is doing well w/ less cute neck and mid back pain." The utilization review denied the request on10/08/2014. The requesting provider provided treatment reports from 04/22/2014 to 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 solo-medrol trigger point injections to thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, trigger point injections Page(s): 22.

Decision rationale: According to the 08/19/2014 report, this patient presents with a "marked increase in Thoracic spine pain this month w/ myospasm and pain." The treater is requesting 4 solo-medrol trigger pint injections to thoracic spine. Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, the patient does present with myofascialpain. The physical examination, however, does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. Furthermore, MTUS does not support addition of corticosteroid injection to trigger points. The request is not medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 08/19/2014 report, this patient presents with a "marked increase in Thoracic spine pain this month w/ myospasm and pain." The treater is requesting to start Lidoderm patch 5% #30. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has spinal pain. These symptoms are localized but non-neuropathic. Furthermore, Lidoderm is not indicated for axial spinal pains. Given the lack of support from the guidelines, the request is not medically necessary.