

Case Number:	CM14-0213489		
Date Assigned:	12/31/2014	Date of Injury:	10/01/2013
Decision Date:	02/25/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 10/1/13. A utilization review determination dated 11/21/14 recommends non-certification/modification of ESI, FCE, Butrans, and trigger point injections. 10/7/14 medical report identifies back pain radiating into the left leg. PT, home exercise, and aquatherapy all provided minimal temporary pain relief. Medication and rest keeps pain within a manageable level allowing patient to complete necessary ADLs. Unable to sleep more than 3-4 hours once to twice per day due to continued severe pain. On exam, there is limited ROM, tenderness, spasming and twitching of the muscle bellies with point tenderness with palpation of bilateral quadratus lumborum and erector spinae muscles, dysesthesia noted over lateral calves, feet, and interscapular region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 146.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are "recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment." Within the documentation available for review, radicular symptoms are noted, but there is no evidence of objective examination findings supporting a diagnosis of radiculopathy and imaging or electrodiagnostic studies corroborating the diagnosis. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

Functional Capacity Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Testing Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that "there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries." ODG states that functional capacity evaluations are "recommended prior to admission to a work hardening program." The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that the patient is close to or at maximum medical improvement with case management hampered by complex issues as outlined above. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

Butrans Patch 20mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side

effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans is not medically necessary.

Trigger Point Injections, Bilateral Quadratus Lumborum and Erector Spine Fascia with Visualization under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Trigger Point Injections

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

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on examination, symptoms have persisted for more than three months, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain, and radiculopathy is not present. Within the documentation available for review, there are some poorly-defined radicular complaints and no clear indication of failed conservative treatment for 3 months targeting the trigger points. Furthermore, there is no clear rationale identifying the medical necessity of ultrasound guidelines, as these injections are typically able to be performed without such assistance and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the requested trigger point injections are not medically necessary.