

Case Number:	CM15-0012246		
Date Assigned:	01/29/2015	Date of Injury:	03/25/2013
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 31 year old male who sustained an industrial injury on 03/25/2013 and was placed on temporary disability March 25, 2013. The mechanism of the injury as described in the note of November 18, 2014 is that he was lifting heavy bags of concrete when he felt sick and felt a sharp pain. He was seen by a physician and diagnosed with recurrent right inguinal hernia. A repair was done on 08/06/2013. He has reported post-operative pain in the right groin following the right inguinal hernia repair of August 6, 2013. On physical examination there was tenderness along the floor of the inguinal canal. There are no inguinal hernias on exam. The sensation of the ileoinguinal, genitofemoral and iliohypogastric nerves were intact. Diagnoses include status post right inguinal herniorraphy done 08/25/2013, reaction to mesh, post-operative pain right groin, tenderness along floor of right inguinal canal, post-operative pain right groin, right teste not present, and back pain. Treatment planned is to administer a series of steroid injections in to the right groin. The injections would be given for three times a week at three week intervals. If the injections are not effective, then surgical exploration to remove the mesh is recommended. On 01/08/2015 Utilization Review non-certified a request for 1 series of 3 steroid injections to the right groin (1 every 3 weeks), noting the document review failed to indicate the need for steroid injections for the treatment of pain due to post-surgical hernia repair. A search of the California Medical Treatment Utilization Schedule, Official Disability Guidelines and National Guideline Clearing house failed to reveal any guidelines or scientific evidence to support the use of three steroid injections to the right

groin in the management and diagnosis of inguinal pain following herniorrhaphy. No guideline was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of 3 steroid injections to the right groin (1 every 3 weeks): 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: According to MTUS guidelines, trigger point injection is “recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective.” (Goldenberg, 2004) “Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended.” There is no clear evidence of myofascial pain and trigger points over the right groin. There is no documentation of failure of oral medications or physical therapy in this case. Therefore, the request for 1 series of 3 steroid injections to the right groin (1 every 3 weeks) is not medically necessary.