

Case Number:	CM15-0173309		
Date Assigned:	09/15/2015	Date of Injury:	09/17/2004
Decision Date:	10/14/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 9-17-2004. The injured worker was diagnosed as having lumbago, post-laminectomy syndrome, myospasm, and lumbosacral neuritis. The request for authorization is for orthopedic injection of left iliac crest trigger; and Lidoderm 5% patches #60. The UR dated 9-2-2015: Approved: physical therapy QTY: 8.00, Norco 5-325mg QTY: 120.00, Celebrex 200mg QTY: 60.00, and follow up QTY: 1.00; and non-certified: orthopedic injection left iliac crest trigger, and Lidoderm 5%. On 8-4-2015, he reported pain to the lumbar spine, sciatic and bilateral feet. He is "asking for a Toradol injection". He indicated having shortness of breath from the shoulder black to his back. He indicated using Lidocaine patches at night. He rated his pain 6 out of 10 and indicated it to be increased. Objective findings were not documented. On 8-24-2015, he reported "migrating" bilateral leg pain with associated numbness in the back of the legs into the feet, low back and sciatic leg pain. He rated his pain for his back and feet as 5 out of 10. He reported taking Norco 2 twice per day along with Celebrex twice daily. He indicted the lumbar spine pain increased and rated it 6 out of 10. Physical findings revealed: tenderness over the right lumbar area, bilaterally positive straight leg raise testing, spasms in the lumbar area, and a compensated gait. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (8-27-2015), lumbar surgery (May 2014), epidural steroid injection, heat, physical therapy, TENS, trigger point injection, facet joint injection, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Injection Left Iliac Crest Trigger QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis, which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Orthopedic Injection Left Iliac Crest Trigger QTY: 1 is not medically necessary and appropriate.

Lidoderm 5% QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidoderm 5% QTY: 60 is not medically necessary and appropriate.