MAXIMUS Federal Services

Case Number:	CM15-0065055		
Date Assigned:	04/13/2015	Date of Injury:	04/13/2000
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/06/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 70 year old female, who sustained an industrial injury on 04/13/2000. She reported injuries to her back and knee. The injured worker is currently diagnosed as having right knee pain, left knee sprain with posterior arthritis with replacement on 01/23/2014, lumbar sprain, bilateral carpal tunnel syndrome, and upper back, neck, and right shoulder pain. Treatment to date has included cortisone injection, physical therapy, and medications. In a progress note dated 02/17/2015, the injured worker presented with complaints of increased back pain and continued pain in the left knee. The treating physician reported requesting authorization for lumbar MRI, pain management follow up for medial branch block versus epidurals, and retro authorization for cortisone injection for radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. In this case, there is documentation of left radicular symptoms and left sided weakness, which are adequate indication for MRI of lumbar spine. Therefore, the requested medical treatment is medically necessary.

Retro cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 122.

Decision rationale: CA MTUS guidelines state that trigger point injections are an option for the treatment of myofascial pain, with little evidence existing for lasting value. Trigger pint injections are not recommended for use in radicular pain. The addition of a corticosteroid to the local anesthetic is not recommended. Trigger points may be present in 33-50 % of the adult population. Trigger point injection may be necessary for function in patients with myofascial trigger points when present on exam in conjunction with myofascial pain syndrome. Trigger point injections are not recommended for use in fibromyalgia or in typical back or neck pain. Criteria for use includes documentation of trigger points with both twitch response and referred pain on palpation, symptoms present for at least three months, documentation of trial of conservative therapies, no radicular symptoms present, no more than 3-4 injections per session at intervals no closer than 2 months, repeat trigger point injections should be used only when a 50% reduction in pain accompanied by improved functional status and no substance other than local anesthetic should be used as the injecting solution. In this case, there is documentation of radicular findings (for which MRI is ordered) and no documentation of twitch response and the cortisone injections is not medically necessary.

Pain Management Follow-up Visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records describe the rationale for pain management

referral (medical branch block vs epidural steroid injection); however, there is also the case of the specific indication for MRI of lumbar spine, the results of which might provide information, which would make a pain management referral inappropriate. At the time requested and pending results of the MRI, pain management referral is not medically necessary.