MAXIMUS Federal Services

Case Number:	CM15-0072489		
Date Assigned:	04/22/2015	Date of Injury:	03/10/2006
Decision Date:	05/27/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/16/2015

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: Preventive Medicine, Occupational 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 is a 47 year old male who sustained an industrial injury on 03/10/2006 while carrying a heavy beam up a ladder. The injured worker was diagnosed with lumbar degenerative disc disease, inguinal hernia pain and myofascial pain. Treatment to date includes diagnostic testing including a recent lumbar magnetic resonance imaging (MRI) in October 2014, activity modification, chiropractic therapy, acupuncture therapy, facet joint injections, back brace, trigger point injection on April 1, 2015 and medications. The injured worker is status post hernia repair.According to the primary treating physician's progress report on April 8, 2015, the injured worker continues to experience low back pain with radiation to the left lower extremity and abdominal pain. Pain level was rated at 6/10. Trigger point injection from previous visit helpful but pain level remains constant. Mood and sleeping is poor. Examination of the lumbar spine demonstrated tenderness to palpation over the lower right lumbosacral facet joints with decreased range of motion. The injured worker was noted to have an antalgic gait. Strength, sensation and reflexes were within normal limits and straight leg raise was negative. Current medications are listed as Gabapentin, Norco, Lunesta, LidoPro, Topamax and Omeprazole. Treatment plan consists of continuing with medications and tapering Topamax, schedule acupuncture therapy for inguinal area; await authorization for L4-5, L5-S1 facet joint injections, psychiatric evaluation and depression screening and the current request for trigger point injection and Norco renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. Patient has previously had a trigger point injection and reported no improvement in pain levels or functional improvement. Trigger point injection is not medically necessary.

Norco 7.5/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 7.5/325 mg, sixty count is not medically necessary.