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| Case Number: | CM15-0079637 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 01/24/2006 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: Florida

Certification(s)/Specialty: Neurology, 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 42 year old male sustained an industrial injury to the abdomen and back on 1/24/06. Previous treatment included magnetic resonance imaging, electromyography, bilateral inguinal hernia repair, physical therapy, acupuncture, chiropractic therapy, psychiatric care, epidural steroid injections and medications. In a supplemental medical-legal report dated 2/12/15, the physician noted that the consulting general surgeon reported that the injured worker complained of ongoing groin and low back pain. The physician stated that the injured worker had sustained a post-operative left inguinal strain that continued to be easily aggravated and irritated. No recent physical exam was included in the documentation submitted for review. Current diagnoses included status post right inguinal herniorrhaphy (1990), status post left inguinal herniorrhaphy (2006), status post right knee surgery, back pain and post-operative muscle strain in the left groin. The general surgeon recommended a series of cortisone steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of cortisone steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chapter: Hernia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, trigger point injections.

Decision rationale: The medical records do not report the presence of trigger points with demonstrated twitch response. ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. As the medical records do not demonstrate trigger points on exam not responsive to other conservative treatment, ODG guidelines do not support trigger point injections in this case. The request is not medically necessary.