

Case Number:	CM13-0052667		
Date Assigned:	12/30/2013	Date of Injury:	04/03/2012
Decision Date:	06/03/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41 year old male whose date of injury is 04/03/2012. The patient was operating a pallet jack to load crates into a tractor when the wheel kept turnign and pulling him forward and twisting him. Treatment to date includes physical therapy, electrical stimulation, acupuncture, lumbar epidural steroid injection on 12/17/12 and 02/04/13. Neurosurgical consultation dated 04/29/13 indicates that the patient does not require any further neurosurgical work-up or surgical intervention. More than likely, he has an injury to the soft tissue. Qualified medical evaluation dated 07/01/13 indicates that diagnoses are lumbar sprain/strain, possible lumbar radiculopathy-right, cervical sprain/strain and thoracic sprain/strain. Lumbar MRI dated 08/05/13 revealed mild facet degenerative change at L4-5 and L5-S1; no disc herniation or bulge, no central canal stenosis or foraminal narrowing. Supplemental medical legal report dated 10/10/13 indicates that the patient has constant low back pain, right lower extremity pain and pain radiating up to the neck. On physical examination lumbar range of motion is flexion 25, extension 15, right lateral bending 10 and left lateral bending 15 degrees. Straight leg raising is positive on the right. Ely's test is postiive on the left and Yeoman's test is positive bilaterally. All orthopedic tests of the lumbar spine were unremarkable. It is opined that all reasonable and appropriate treatment has either been considered or provided to the patient. His condition is stable and at maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-5 AND L5-S1 AND RIGHT SI JOINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 30, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP AND PELVIS CHAPTER, SACROILIAC JOINT INJECTION.

Decision rationale: Based on the clinical information provided, the request for right L4-5 and L5-S1 and right SI joint injection is not medically necessary. The patient's physical examination fails to document at least 3 positive exam findings as required by the Official Disability Guidelines Hip and Pelvis Chapter. Supplemental medical legal report dated 10/10/13 indicates that it is opined that all reasonable and appropriate treatment has either been considered or provided to the patient. His condition is stable and at maximum medical improvement. Therefore, based on guidelines and a review of the submitted documents, the request for Right L4-5 and L5-S1 and Right SI Joint Injection is not medically necessary.