

Case Number:	CM14-0128048		
Date Assigned:	08/15/2014	Date of Injury:	01/18/2013
Decision Date:	09/18/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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 Nevada. 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 injured worker is a 55-year-old female who was reportedly injured on January 18, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 2, 2014, indicates that there are ongoing complaints of low back pain radiating to the left thigh and hip. The physical examination demonstrated tenderness of the left gluteus medius tendon. Diagnostic imaging studies revealed lethal scoliosis and foraminal narrowing of L4 and L5. There was also degenerative disc disease at L1 - L2 and facet arthrosis at L4 - L5 and L5 - S1. Previous treatment includes physical therapy and oral medications. A request was made for ultrasound guidance and a cortisone injection of the left melius and was not certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injection, left melius QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Ligamentous Injections, Updated August 22, 2014.

Decision rationale: It is assumed that this request is for the left medius rather than melius. According to the Official Disability Guidelines ligamentous injections are not recommended. It is stated that these injections are invasive and not recommended in the treatment of patients with acute low back pain problems and can expose them to serious potential complications. As such, this request for a cortisone injection of the left melius is not medically necessary.

Ultrasound guided QTY: 1.00: 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), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Ultrasound, Diagnostic, Updated August 22, 2014.

Decision rationale: As the accompanying request for a cortisone injection has been determined not to be medically necessary so is this request for ultrasound guidance.