

Case Number:	CM14-0161261		
Date Assigned:	10/06/2014	Date of Injury:	05/08/2012
Decision Date:	11/06/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 California. 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 31-year-old male who reported an injury on 05/08/2012. The injured worker reportedly twisted his lower back while attempting to avoid a falling rack. The current diagnoses include lumbar sciatica, unspecified internal derangement of the knee, lumbosacral spondylosis without myelopathy, lumbar strain, osteoarthritis of the hip, and shoulder impingement. The injured worker was evaluated on 06/24/2014 with complaints of persistent right knee, right shoulder, and lower back pain. The current medication regimen includes omeprazole, tramadol, Prilosec, Anaprox, and gabapentin. Previous conservative treatment also includes physical therapy, home exercise, chiropractic treatment, and acupuncture. Physical examination on that dated revealed limited lumbar range of motion, paraspinous muscle spasm, positive straight leg raising on the right, tenderness to palpation of the right hip, and tenderness to palpation of the medial joint line of the right knee. Treatment recommendations included a right shoulder injection with ultrasound and physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar injection with ultrasound and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as local injections are of questionable merit. The specific type of injection was not listed in the request. Therefore, the request is not medically appropriate.

Physical Therapy 3x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99..

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no body part listed in the request. Therefore, the request is not medically appropriate.