

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0036453 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 11/08/1999 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 03/25/2014 |

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:

This 65 year-old patient sustained an injury on 11/8/1999 while employed by [REDACTED]. While unloading a truck, the load struck the patient on the left side causing him to fall on the right. Request under consideration includes Hardware corticosteroid injection of left L5-S1. Current medications list Omeprazole, Benazepril, Celebrex, Ibuprofen, Simvastatin, Tamsulosin HCL, and Baclofen. Conservative care has included medications, ice/heat, physical therapy, steroid injections, trigger point injections, TENS unit, home exercise, modified activities/rest. X-rays of the lumbar spine indicated intact hardware at L4-S1. Report of 2/28/14 from the provider noted the patient with complaints of chronic low back pain and stiffness, localized in posterior low back region. Average pain level report at 6/10 and pain since surgery has remained unchanged. Exam showed patient with tenderness to palpation over left side; facet tenderness; decreased diffuse range in all planes. Diagnoses include lumbosacral hardware bursitis left L5-S1 with treatment request for hardware corticosteroid injection. The request for Hardware corticosteroid injection of left L5-S1 was non-certified on 3/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware corticosteroid injection of left L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Updated 02/13/14), Corticosteroids, pages 382-383.

Decision rationale: MTUS is silent on hardware corticosteroid injection. ODG does recommend block for diagnostic evaluation of failed back syndrome and in limited circumstances for acute radicular pain; however, it is not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain as noted in this patient's complaints for this injury of 1999 with lumbar surgery of 10/30/07. The patient stated he has remained unchanged since the low back surgery and outcome was considered to be poor since surgery. Submitted reports have not adequately demonstrated indication or clinical findings to support for the hardware corticosteroid injection outside guidelines criteria. The Hardware corticosteroid injection of left L5-S1 is not medically necessary and appropriate.