

Case Number:	CM15-0108428		
Date Assigned:	06/15/2015	Date of Injury:	02/03/2015
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male who reported an industrial injury on 2/3/2015. His diagnoses, and/or impressions, are noted to include: lower back contusion with significant pain and no evidence of fracture, but with concern for occult spine fracture or spine injury; and lumbar disc bulge with annular tear. Diagnostic imaging studies were stated to have been done on the date of injury. His treatments have included consultations; diagnostic studies; medication management; and rest from work. The progress notes of 4/10/2015 reported the continuation of tremendous pain in his low back, which radiated into the right sacroiliac joint and buttock area; also complained of was some neck pain which radiated into the right shoulder and was associated with headaches. Objective findings were noted to include tenderness in the right sacroiliac joint with painful and positive right straight leg raise test; and guarded cervical range-of-motion. The physician's requests for treatments were noted to include lumbar epidural steroid injections for his annular tear and disc bulge.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound at Right Sacroiliac Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Infrasond (Sonography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ultrasound (Sonography), Hip & Pelvis (Acute & Chronic).

Decision rationale: The Official Disability Guidelines stipulate that the following indications are necessary for authorization of a diagnostic ultrasound: Scar tissue, adhesions, collagen fiber and muscle spasm, and the need to extend muscle tissue or accelerate the soft tissue healing. The patient does not possess any of the above indications. Ultrasound at Right Sacroiliac Joint is not medically necessary.

Lumbar Epidural Steroid Injection L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical record does contain documentation of radiculopathy which is corroborated by imaging studies. I am reversing the previous utilization review decision. Lumbar Epidural Steroid Injection L4-L5 is medically necessary.