

Case Number:	CM15-0146110		
Date Assigned:	08/06/2015	Date of Injury:	06/17/2002
Decision Date:	09/04/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: Emergency 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 38 year-old male who sustained an industrial injury on 06-17-02. He reported neck and low back pain. Initial diagnoses are not available. Current diagnoses include previous left shoulder instability, cervical sprain-strain, and lumbar sprain and strain. Prior diagnostic testing and treatment included MRI, EMG-NCV, shoulder surgery, left 1st rib resection for thoracic outlet syndrome, and localized intense neurostimulation therapy. Currently, the injured worker complains of ongoing stabbing, burning low back pain rated as a 9 out of a 10 point pain scale with numbness in the buttocks area, and aching, stabbing pain with numbness in the bilateral lower extremities. He complains of aching and stabbing pain with pins and needles sensation in the left shoulder rated as a 7 out of 10. He has aching and stabbing pain with pins and needles sensation in the neck rated as a 7 out of 10. His left arm aches and he has burning pain with numbness in the thumbs. Physical examination is remarkable for lumbar tenderness, spasm, and tightness with reduced range of motion; there is decreased L5, S1 sensation. He is not on any oral medication due to gastric complaints. The injured worker was treated with intramuscular injection of Kenalog and Depo Medrol. Requested treatments include retrospective intramuscular injections of Kenalog and Depo Medrol (2cc of Kenalog and 1 cc of Depo Medro) DOS 06-02-2015. The injured worker is under temporary total disability. Date of Utilization Review: 07-07-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective intramuscular injections of kenalog and depo medrol (2cc of kenalog and 1 cc of depo medro) DOS 06/02/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Pain: Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. Patient received an injection with depo for systemic steroids and does not appear to have received a local steroid injections. It is unclear why patient received the injection from provided records except for pain control. As per Official Disability Guidelines, systemic steroids may be recommended only for clear cut radicular pain and needs to be informed of risk and lack of evidence to support this practice. It is unclear why an intramuscular injection was done instead of oral steroids. None of the required criteria was documented. Intramuscular systemic steroids was not medically necessary.