

Case Number:	CM15-0182542		
Date Assigned:	09/23/2015	Date of Injury:	12/02/2010
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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 37 year old male, who sustained an industrial injury on 12-2-2010. He reported a low back injury from jumping off from a seven-foot tall wall. Diagnoses include lumbar herniated disc, lumbar radiculopathy, partial cauda Equina syndrome, and status post lumbar surgery. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of ongoing low back pain specifically over the sacrococcyx region and numbness and tingling down the left leg. Epidural steroid injections provided on 6-22-15, noted to provide 70% improvement in pain, lasted less than four weeks' time. It was further noted he had not seen a spinal surgeon in over one year. On 8-20-15, the physical examination documented lumbar tenderness and decreased painful range of motion. There was tenderness to the coccyx region and weakness of the lower extremity. The plan of care included a cortisone injection to the sacrococcyx region. An injection provided eight months earlier was noted to provide 50-70% relief. The appeal requested authorization for one orthopedic surgeon second opinion and one corticosteroid injection to the sacrococcyx region. The Utilization Review dated 9-13-15, denied the request indicating that the available records did not support that the California Medical treatment Utilization Schedule (MTUS) Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon second opinion: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested Orthopedic surgeon second opinion, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has ongoing low back pain specifically over the sacrococcyx region and numbness and tingling down the left leg. Epidural steroid injections provided on 6-22-15, noted to provide 70% improvement in pain, lasted less than four weeks' time. It was further noted he had not seen a spinal surgeon in over one year. On 8-20-15, the physical examination documented lumbar tenderness and decreased painful range of motion. There was tenderness to the coccyx region and weakness of the lower extremity. The plan of care included a cortisone injection to the sacrococcyx region. An injection provided eight months earlier was noted to provide 50-70% relief. The treating physician did not adequately document the medical necessity for this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Orthopedic surgeon second opinion is not medically necessary.

One Corticosteroid injection to the sacrococcyx region: 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 - Lumbar & Thoracic (acute & chronic) Cortocosteriods. (2015).

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

Decision rationale: The requested One Corticosteroid injection to the sacrococcyx region, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroilliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has ongoing low back pain specifically over the sacrococcyx region and numbness and tingling down the left leg. Epidural steroid injections provided on 6-22-15, noted to provide 70% improvement in pain, lasted less than four weeks' time. It was further noted he had not seen a spinal surgeon in over one year. On 8-20-15, the physical examination documented lumbar tenderness and decreased painful range of motion. There was tenderness to the coccyx region and weakness of the lower extremity. The

plan of care included a cortisone injection to the sacrococcyx region. An injection provided eight months earlier was noted to provide 50-70% relief. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, One Corticosteroid injection to the sacrococcyx region is not medically necessary.