

Case Number:	CM15-0189347		
Date Assigned:	10/01/2015	Date of Injury:	06/29/2012
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on June 29, 2012. The injured worker was diagnosed as having musculoligamentous sprain of the lumbar spine and right lower extremity radiculitis, disc protrusion of the lumbar five to sacral one per magnetic resonance imaging, and disc bulge at lumbar four to five per magnetic resonance imaging. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, and Ketorolac injection with Xylocaine. In a progress note dated August 10, 2015 the treating physician reports complaints of "severe" pain to the low back that has increased with a burning sensation to the low back on the right side and buttocks. Examination performed on August 10, 2015 was revealing for tenderness to the posterior superior iliac spine on the right. On August 10, 2015 the injured worker's medication regimen included Celebrex, Tramadol, Omeprazole, and Tylenol with Codeine, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with the use of her medication regimen. The progress note from August 10, 2015 noted prior Ketorolac injection with Xylocaine with unknown date that was remarkable for a decrease in low back pain that lasted for approximately a week. On August 10, 2015, the treating physician requested a Cortisone intramuscular injection with Depo Medrol 80mg with Lidocaine to the left posterior superior iliac spine, but the progress note did not indicate the specific reason for the requested injection. On August 24, 2015, the

Utilization Review determined the request for a Cortisone intramuscular injection with Depo Medrol 80mg with Lidocaine to the left posterior superior iliac spine from the date of service of August 10, 2015 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection (DepoMedrol 80mg/Lidocaine) to left posterior superior iliac spine from DOS: 08/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and on the Non-MTUS Physician's Desk Reference.

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 & Lumbar & Thoracic (Acute & Chronic), Ligamentous injections.

Decision rationale: The claimant sustained a work injury in June 2012 and is being treated for low back pain after lifting a case of beer while stocking a walk-in cooler. When seen, she was having severe and increasing right lower back and buttock pain and burning. Physical examination findings were right posterior superior iliac spine tenderness. A ketorolac injection was administered. A posterior superior iliac spine injection was done with DepoMedrol and 8 cc of lidocaine. Ligamentous injections involve the injection of various substances into interspinal ligaments and ligamentous muscle attachments in the low back and are not recommended. Although a diagnostic injection might be considered, in this case, a large volume was used with a short acting anesthetic and a ketorolac injection was also administered. The injection performed was not medically necessary.