MAXIMUS Federal Services

Case Number:	CM15-0193422		
Date Assigned:	10/07/2015	Date of Injury:	08/31/2012
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, Florida, 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 60 year old male who sustained an industrial injury 08-31-10. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine disc protrusion and low back pain. Medical records (06-11-15) reveal the injured worker complains of numbness of the entire left side of his body, pain radiating down his left leg from the left side of his back, and pain with prolonged sitting and standing, as well as a cold sensation in the left leg. The physical exam (06-11-15) reveals difficulty standing up as he continues to wear the back brace. Prior treatment includes a cervical discogram, back brace, and medications. The original utilization review (09-21-15) non certified the request for cortisone injections at the posterior superior iliac spine and levator scapula.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective cortisone injection at posterior superior iliac spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Corticosteroids.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Chapter 3, Initial Approaches to Treatment, page 48. This claimant was injured now 5 years ago; the issue was low back pain and alleged lumbar spine disc protrusion. There was subjective numbness to the left side of the body. He used a back brace. There are no signs given for the injections at the locations mentioned. The MTUS notes that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. The request is not medically necessary.

Retrospective cortisone injection at levator scapula: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Chapter 3, Initial Approaches to Treatment, page 48. As shared previously, this claimant was injured now 5 years ago; the issue was low back pain and lumbar spine disc protrusion. There was subjective numbness to the left side of the body. He used a back brace. There are no signs given for the injections at the locations mentioned. The proposed area of injection if far from the injured part, and the rationale for it is not clinically clear. The ACOEM notes in Chapter 3: Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. This request was also not medically necessary.