

Case Number:	CM15-0211110		
Date Assigned:	10/29/2015	Date of Injury:	03/19/2014
Decision Date:	12/11/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 49-year-old male who sustained an industrial injury on March 19, 2014. The worker is being treated for: lumbar degenerative disc disease, bilateral lumbar radiculitis, back muscle spasm, and ligament sprain of back; lumbar disc bulges, stenosis, SI pain, facet joint pain. Subjective: May 05, 2015 e reported moderate lumbar spine pain without radiation, rated a "6" intensity out of 10. June 18, 2015 he reported complaint of pain rated a "5" intensity out of 10 to lumbar spine without radiation. The pain is described as sharp, tingling, and shooting. Exacerbation occurs with sitting, exercise, and lying down. Stretching and chiropractic care are palliative. August 19, 2015 he reported complaint of pain in joint shoulder and back pain. October 07, 2015 he reported complaint of constant moderate pain in the lumbar spine and intermittent bilateral lower extremity radiculopathy. He reported still working full time with restrictions. Objective: May 05, 2015, June 18, 2015 noted positive Patrick's, Gaenslen's, Fortin finger, Stork's, and Kemp's bilaterally. October 07, 2015 noted lumbar spine ROM: flexion 50 degrees, extension 15 degrees, and bilateral rotation at 30 degrees and bilateral flexion at 25 degrees. There is noted minimal PV muscle tenderness, midline tenderness in lumbar spine at L4, L5 and L5 S1 levels. Diagnostic: MRI January 2015, September 2014, UDS. Medication: October 07, 2015: patient stated having taking Norco in the past, unknown dose, but he is not interested in taking medications. October 07, 2015: prescribed Dendracin lotion, Norco 10mg, and "will try a ligament injection" in office in future. Treatment: activity modification, medication, physical therapy, chiropractic session, referral consultation for possible injection therapy, pain management requesting bilateral SI joint injections. On October 09, 2015 a request was made for a back ligament injection that was non-certified by Utilization Review on October 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Ligament Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Prolotherapy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Activity, Follow-up Visits, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the guidelines, injections and invasive procedures are not recommended due to their short-term benefit. In this case, the claimant has lumbar pain. The ODG guidelines hip injections are indicated for hip bursitis. In this case, there is sacroiliac pain but there is no mention of bursitis. The claimant has undergone numerous other interventions including medication, therapy, manipulation. The injections are not necessary.