

Case Number:	CM15-0045968		
Date Assigned:	03/18/2015	Date of Injury:	11/17/2008
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: Anesthesiology, 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 48 year old male, who sustained an industrial injury on 11/17/2008. He reported an injury to his back. The injured worker is currently diagnosed as having lumbar degenerative disc disease with intractable low back pain, lumbar radiculopathy, failed lumbar back surgery, spinal cord stimulator, and long acting opioid treatment. Treatment to date has included MRI of the lumbar spine, spinal cord stimulator, epidural steroid injection, and medications. In a progress note dated 01/27/2015, the injured worker presented with complaints of low back pain, which radiates across waistline toward the right. The treating physician reported refilling the injured worker's prescription for MS Contin and re-requested authorization for a posterior superior iliac crest injection on the right, which was previously ordered in October 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior superior iliac crest injection on right for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Chapter 12 on Low Back Pain Complaints indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for the stated injection therapy. Therefore at this time the requirements for treatment have not been met and is not medically necessary.