

Case Number:	CM15-0051894		
Date Assigned:	03/25/2015	Date of Injury:	03/19/1989
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida

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 58 year old male, who sustained an industrial injury on 02/16/2011, reporting lower back pain. On provider visit dated 02/09/2015 the injured worker has reported worsening lower back pain. On examination of the lumbar spine was noted to have a decreased range of motion, due to pain. Moderate tenderness to palpation throughout the lumbosacral spine area and paraspinals with paralumbar muscle spasms, moderate to severe tenderness of the left SI area reproducing pain was also noted. Straight leg raise was noted to have positive Gaenslen's and SI compression test on the left. The diagnoses have included lumbago, lumbar disc displacement at L5-S1, lumbosacral neuritis NOS and myalgia and myositis NOS. Treatment to date has included medication and MRI. The provider requested prednisone and cortisone injection to the left SI joint ligaments under ultrasound guidance for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10mg #37: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Page(s): 308-310.

Decision rationale: MTUS guidelines classifies oral steroid use in low back pain patients as level C evidence. Level C is defined as "limited research-based evidence (at least one adequate scientific study of patients with low back complaints)." Oral steroid use can have substantial side effects. This request for "37" 10mg tablets of oral Prednisone is not considered evidence based, considering the limited research available. The risks of adverse side effects appear to outweigh the minor potential benefit. This request is not considered medically necessary.

Cortisone injection to the left SI joint ligaments under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Guidelines Page(s): 48.

Decision rationale: MTUS guidelines states "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 re-injury. 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 intra-articular administration, including infection and unintended damage to neurovascular structures." As the utilization review physician stated, treatment to date in this patient's case is not well outlined. It is uncertain if he has failed more conservative therapies. Likewise, this request for a cortisone injection to the left SI joint ligaments it not considered medically necessary.