MAXIMUS Federal Services

Case Number:	CM15-0082491		
Date Assigned:	05/04/2015	Date of Injury:	08/01/2007
Decision Date:	06/03/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/29/2015

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 47 year old female, who sustained an industrial injury on August 1, 2007, incurring neck and lower back injuries due to repetitive actions at work. She was diagnosed with cervical disc disease with herniation and spinal stenosis and radiculopathy, and lumbar spine disc disease with protrusions. Treatment included chiropractic sessions, physical therapy, heat massage, and steroid injections. Currently the injured worker complained of constant pain in the cervical and lumbar spine radiating, down into the right leg, ankle and foot. The treatment plan that was requested for authorization included a steroid injection to the right superior iliac crest.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection Right Superior Iliac Crest: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122 Page(s): 122. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant sustained a work injury in August 2007 and continues to be treated for right low back pain. She underwent the proposed injection which provided four days of an unknown degree of pain relief. When seen, there was ongoing right sided sacroiliac joint and iliac crest tenderness. A second injection was requested. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. In this case, the claimant has already undergone the proposed injection. If being requested as a diagnostic procedure, the claimant has already undergone the injection and repeating it is not medically necessary. If intended as a therapeutic injection, a repeat injection could be considered if there had documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case there was only four days of pain relief. A repeat injection is not medically necessary.