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| Case Number: | CM15-0085612 | | |
| Date Assigned: | 05/07/2015 | Date of Injury: | 04/11/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

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 40 year old male, who sustained an industrial injury on April 11, 2014, incurring lumbar spine injuries after falling from a ladder. He was diagnosed with a lumbar sprain and lumbar radiculitis and left hip internal derangement. Hip x rays were unremarkable. Treatment included physical therapy, work restrictions, anti-inflammatory drugs, pain medications, analgesic topical creams and muscle relaxants. Currently, the injured worker complained of persistent, frequent sharp low back pain radiating into the left lower extremity. Lumbosacral range of motion was decreased by 20% with the presence of pain. Currently, the injured worker pain level is a 7/10 of the lower back. The treatment plan that was requested for authorization included a percutaneous spinal nerve root injection at the lumbosacral spinal levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Spinal Nerve Root Injection Left L4, L5 and S1 Levels: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, there was a simultaneous request for an orthopedic consultation, pain specialist, IF unit, acupuncture and medications. Multiple modalities without particular direction do substantiate the need for injections at this time. Therefore the request for spinal nerve root injections is not medically necessary.