

Case Number:	CM15-0088208		
Date Assigned:	07/14/2015	Date of Injury:	10/09/2014
Decision Date:	08/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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:

This 37 year old male sustained an industrial injury on 10/09/14. He subsequently reported back pain. Diagnoses include lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy and left knee internal derangement. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience back pain with radicular symptoms to the bilateral lower extremities. Upon examination, there was tenderness to the lumbar musculature with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. There is decreased range of motion with muscle guarding noted. Bilateral straight leg raising tests were positive. A request for cortisone injection was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 346, 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, the claimant was already receiving pain medication. In addition there was also a request for other invasive procedures such as ESI. In addition Cortisone injections for the knee are optional. The claimant had also deferred this as well on 4/9/15. The request for the Cortisone injection based on the above is not medically necessary.