

Case Number:	CM14-0147925		
Date Assigned:	09/15/2014	Date of Injury:	09/21/2011
Decision Date:	10/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 24-year-old female was reportedly injured on September 21, 2011. The most recent progress note, dated July 7, 2014, indicates that there were ongoing complaints of low back pain radiating to the left hip and leg. The physical examination demonstrated a left-sided antalgic gait and a positive Trendelenberg's test on the left. There was pain with axial loading and allodynia over the lower lumbar spine. Additionally, there was decreased lumbar spine range of motion with pain. Diagnostic imaging of the lumbar spine to include x-rays taken on August 7, 2013 indicate a spondylolysis at L5. Previous treatment includes physical therapy and oral pain medications. A request had been made for a bilateral pars injection and was not certified in the pre-authorization process on August 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral pars Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://onlinelibrary.wiley.com/doi/10.1111/pme.12344/abstract>

Decision rationale: The practice of CT guided injections for the pars to determine the origin of low back pain has been determined to be positive in only one of three patients. Considering this, it is unlikely to draw any cause and effect from this procedure. As such, this request for a Bilateral Pars Injection is not medically necessary.