

Case Number:	CM15-0012592		
Date Assigned:	01/30/2015	Date of Injury:	12/06/2011
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/21/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 75 year old female, who sustained an industrial injury on 12/06/2011. She has reported subsequent neck, right shoulder, low back, right hip and right foot pain and was diagnosed with chronic pain syndrome, bilateral shoulder strain, bilateral rotator cuff syndrome, lumbar spine strain, lumbar spine degenerative disc disease, lumbar radiculitis, lumbar spondylosis, right hip bursitis, traumatic arthropathy of the right ankle and foot and cervical strain. Treatment to date has included oral pain medication, physical therapy, TENS unit, foot/ankle surgery and epidural steroid injections. A PR2 dated for 12/10/2014 indicated that the injured worker's pain had improved substantially since the last visit. The pain located in multiple joints was noted to be significantly controlled with current management. Objective findings were notable for mild tenderness over the third metatarsal head at the site of screw placement and limited range of motion secondary to stiffness and immobilization. A request for cortisone injection was made without an explanation as to which body part this injection was being requested for. The medications listed are Ambien, Diazepam, Naproxen and Tramadol. The UDS was noted to be consistent. On 01/05/2015, Utilization Review non-certified a cortisone injection, noting that there was no indication as to which body part the injection was being used for and there were no subjective or objective findings to support the need for a cortisone injection. ODG guidelines were cited.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Intra-articular Steroid Hip Injection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter Steroid Injections

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional joint injections can be utilized for the treatment of joints pain that did not respond to conservative treatments with medications and PT. The records indicate that the patient is utilizing multiple medications for the management of the musculoskeletal pain. There is documentation of significant pain relief and functional restoration following the last surgical procedure and with current medications management. The patient did not meet the guideline criteria for failure of conservative treatments. The location of the steroid injection was not specified. The criteria for the cortisone injection was not met.