

Case Number:	CM15-0063609		
Date Assigned:	04/10/2015	Date of Injury:	01/06/2015
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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 24 year old male, who sustained an industrial injury on 1/6/15. The injured worker has complaints of right low back pain with radiation pain and tingling to his legs. The objective findings noted tender right sacral region paralumbar. The straight leg raising tests and other provocative tests was reported as negative. The diagnoses have included lumbar strain and lumbar radiculopathy. The documentation on 1/19/15 noted that the recommendations was for the injured worker needing an X-ray of the lumbar spine; magnetic resonance imaging (MRI) of the lumbar spine; begin therapy program, acupuncture; prescription for zorvolex; being temporarily totally disabled and that reevaluation was scheduled for 4 weeks. The request was for cortisone injection to sacral. On the most recent report dated 3/24/2015, there was limited documentation on subjective or objective findings. There was tenderness to palpation of the lumbar paraspinal areas. The IW is utilizing naproxen for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection to Sacral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cortisosteroids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Hip and Pelvis Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of exacerbation of chronic musculoskeletal pain when standard conservative treatment with medications and PT have failed. The records did not show that the patient have completed but failed treatment with medications and PT. There was limited documentation of subjective and objective findings indicative of a significant sacral pathology. There was no documentation of positive provocative test or radiological findings indicative of a sacral disorder. The guidelines did not recommend sacral injections for the treatment of the listed diagnosis of lumbar strain and lumbar radiculopathy. The criteria for sacral cortisone injection to was not met.