

Case Number:	CM15-0095981		
Date Assigned:	05/22/2015	Date of Injury:	11/01/2013
Decision Date:	06/24/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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 28-year-old female, who sustained an industrial injury on November 1, 2013. She reported neck and upper back injury while lifting a 400-pound patient into a chair. The injured worker was diagnosed as having cervical and lumbar spondylosis without myelopathy, cervical sprain/strain, thoracic spine herniated nucleus pulposus (HNP), lumbar spine herniated nucleus pulposus (HNP), left SI joint dysfunction, and facetogenic low back pain. Treatment to date has included MRIs, bracing, three sessions of acupuncture, electromyography (EMG), eight sessions of physical therapy, chiropractic treatments, and medication. Currently, the injured worker complains of neck pain, and mid and low back pain, with shooting pain into the left arm, numbness in the left hand, and aching pain into the left wrist. The Primary Treating Physician's report dated March 20, 2015, noted the injured worker reported an 80% increase in the pain to her neck and back, continuing to work with restrictions, awaiting authorization for physical therapy and a pain psych consult. The injured worker's current medications were listed as Relafen, Gabapentin, and Tylenol #3. Physical examination was noted to show range of motion (ROM) in the cervical, thoracic, and lumbar spines were decreased in every plane, with tenderness to palpation over the lower cervical midline and paraspinals, bilateral trapezius, and bilateral thoracic and lumbar paraspinals, with the maximal points of tenderness over the L4, L5 facets, left SI, and left buttocks. Sensory evaluation was noted to be decreased at left C6 and S1 dermatomes. The treatment plan was noted to include requests for authorization for a left SI cortico steroid injection, ongoing pain management, physical therapy, and pain psychology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortico steroid injection LT SI joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG- hip pain, intrarticular injections and pg 14.

Decision rationale: According to the guidelines, intrarticular injections are not indicated for osteoarthritis. They are indicated for hip bursitis. In this case, the claimant was not diagnosed with bursitis. In addition, the ACOEM guidelines do not recommend invasive procedures due to lack of long-term benefit. The request for an SI injection is not medically necessary.