

Case Number:	CM14-0147362		
Date Assigned:	09/15/2014	Date of Injury:	05/12/2006
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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 45 year old female was reportedly injured on May 12, 2006. The mechanism of injury was noted as repetitive motion. The most recent progress note, dated July 21, 2014, indicated that there were ongoing complaints of upper and lower back pain. The physical examination demonstrated decreased strength of the left quadriceps and left anterior tibialis rated at 5-/5 and a positive straight leg raise test. Diagnostic imaging studies of the lumbar spine revealed minimal degenerative changes at L5 to S1. Previous treatment included physical therapy, acupuncture, the use of a transcutaneous electrical nerve stimulation (TENS) unit, and oral medications. A request was made for a consult for injection and was not certified in the preauthorization process on August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT FOR INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: It is unclear from this request what type of injections are requested. However, a review of the medical records indicates that the injured employee does not appear to be a candidate for lumbar epidural steroid injections, facet injections, or trigger point injections. Without further justification and clarification, this request for injections is not medically necessary.