

Case Number:	CM13-0001577		
Date Assigned:	11/20/2013	Date of Injury:	02/04/2013
Decision Date:	01/23/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 48-year-old male who reported a work-related injury on 02/04/2013, mechanism of injury as the result of a strain to the lumbar spine. The patient presented for treatment of the following diagnoses: lumbar disc herniation and lumbar radiculopathy. The MRI of the lumbar spine dated 03/12/2013, signed by [REDACTED], revealed a right eccentric annular prominence at L3-4 with modest encroachment of the right lateral recess and proximal foramen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg: 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): 65.

Decision rationale: The current request is not supported. The clinical documentation submitted for review included an MRI of the patient's lumbar spine; however, there was no clinical documentation by the requesting provider evidencing the patient's reports of efficacy with his current medication regimen. The California MTUS indicates, "Robaxin: the mechanism of action is unknown, but it appears to be related to central nervous system depressant effects with

related sedative properties." Given the lack of documentation indicating the patient's reports of efficacy as well as duration of use, the request for Robaxin 500 mg is non-certified.

Lumbar epidural steroid injection x three (3): 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.

Decision rationale: The current request is not supported. The California MTUS indicates, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Given the lack of documentation submitted evidencing a thorough physical exam of the patient, subjective complaints of the patient and previous conservative treatment utilized, the request is not supported. Additionally, the California MTUS does not support a series of 3 injections in either the diagnostic or the therapeutic phase. A recommendation of no more than 2 epidural steroid injections is noted. Given all of the above, the request for lumbar epidural steroid injection times three (3) is not medically necessary or appropriate.