

Case Number:	CM13-0012780		
Date Assigned:	10/02/2013	Date of Injury:	01/24/2004
Decision Date:	05/02/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/19/2013

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 & 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 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 patient is a 56-year-old female who reported an injury on 01/24/2004. The mechanism of injury was a heavy pallet fell on the patient's foot. The documentation of 08/16/2013 revealed the patient had 9/10 pain in the neck and down to the right foot. It was indicated the medications were not very helpful. The patient was noted to be getting some help with topiramate. The physical examination revealed the patient had standing back pain that was exacerbated with extension more than flexion and felt more on the right side than the left with palpable tenderness and spasms over the facet joints on the right side. The patient had a positive straight leg raise causing pain in the back and down the lower extremity. The patient's diagnoses included lumbar facet syndrome, low back pain, lumbar sprain and strain, and lumbar radiculopathy as well as chronic pain. The request was made for medication refills and a right lumbar paramedian epidural L5-S1 two times.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR PARAMEDIAN EPIDURAL AT L5-S1 X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to provide documentation of objective findings of radiculopathy. There was a lack of documentation including an MRI and including the patient's unresponsiveness to conservative care. Given the above, the request for a right lumbar paramedian epidural L5-S1 two times is not medically necessary and appropriate.

WELLBUTRIN 100MG #60 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: MTUS Chronic Pain Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review failed to provide the DWC Form RFA or PR2 to support the requested medication. There was a lack of documentation of rationale for 5 refills without re-evaluation. Given the above, the request is not medically necessary and appropriate.