

Case Number:	CM13-0032515		
Date Assigned:	12/11/2013	Date of Injury:	05/06/2013
Decision Date:	01/29/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 50 year old female who reported an injury on 05/06/2013. The patient is currently diagnosed with severe spondylolisthesis and spondylosis at L4-5 and bilateral Pars Defect at L5-S1. The patient was seen by [REDACTED] on 12/04/2013. The patient reported worsened pain in bilateral shoulders and hands. The patient also reported 10/10 low back pain. Physical examination revealed no abnormalities with unremarkable inspection of bones, joints and muscles. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient PARS defect injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013, web-based edition and California MTUS guidelines, web-based edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Practice Guidelines state initial care for patients with low back complaints

includes non-prescription analgesics. If treatment response is inadequate, and symptoms and activity limitations persist, prescribed pharmaceuticals or physical methods can be added. There was no documentation of a musculoskeletal or neurological deficit upon physical examination. There is also no evidence of this patient's unresponsiveness to previous conservative treatment prior to the request for an injection. As such, the request for outpatient PARS defect injections is non-certified.

Inderal 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013, web-based edition and California MTUS guidelines, web-based edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines state Inderal is a first line fourth edition beta blocker used in the treatment of hypertension following lifestyle modifications. There is no recommendation for the use of Inderal for chronic pain. The medical rationale for the ongoing use of this medication was not provided. As such, the request for Inderal 20mg, #60 is non-certified.