

Case Number:	CM13-0042057		
Date Assigned:	12/27/2013	Date of Injury:	03/23/2006
Decision Date:	07/29/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/16/2013

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 and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 53-year-old male who was reportedly injured on October 30, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated November 27, 2013, indicated that there were ongoing complaints of cervical spine pain with radicular symptoms, tinnitus, chronic left shoulder pain and bilateral hand pain. Current medications included orphenadrine, Elavil, Nabumetone, Reglan, Restoril, Wellbutrin, Fentanyl, Oxycodone and Clonidine. Improvement with decreased pain and increased function was stated to be attributed to these medications. No focused physical examination was performed on this date. Previous treatment included testosterone injections. A request had been made for a RACZ procedure and was not approved in the pre-authorization process on January 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RACZ PROCEDURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence:<http://www.back-pain-info.com/back-pain-spinal-catheter-technique.html>.

Decision rationale: According to the medical record, there was no recent documentation to support the use of a RACZ procedure, although the injured employee has complaints of radicular symptoms in the upper extremities. There was no physical examination or objective studies to support this claim. A radiculopathy must be present prior to proceeding with this epidural steroid injection procedure. This request for an Racz procedure is not medically necessary.