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| Case Number: | CM13-0053320 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/25/2012 |
| Decision Date: | 03/19/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 47-year-old male who reported an injury on 5/25/12. The mechanism of injury involved a fall. The patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy, spinal stenosis, lumbar facet joint hypertrophy, radiculopathy, thoracic or lumbosacral neuritis or radiculitis, dizziness, insomnia, dysthymic disorder, headache, displacement of cervical intervertebral disc, spinal stenosis, cervical facet joint hypertrophy, and an annular tear at C4-6. The patient was seen by [REDACTED] on 11/14/13. The patient reported ongoing neck, upper back and low back pain. Physical examination revealed moderate paraspinal tenderness in the thoracic spine, tenderness at the facet joints bilaterally, severe tenderness at the upper. Physical examination revealed moderate paraspinal tenderness in the thoracic spine, tenderness at the facet joints bilaterally, severe tenderness at the upper trapezius bilaterally, slightly diminished thoracic range of motion, positive Kemp's testing, positive straight leg raise bilaterally. and diminished sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for diagnostic thoracic epidural steroid injection at T10-11, T11-12, and T12-L1 between 10/17/13 and 12/12/13 .: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehabilitative efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, it was noted that the patient had shown an adequate response to a previous procedure. However, documentation of objective measurable improvement with 50% pain relief and an associated reduction of medication use for 6-8 weeks following the initial procedure was not provided. There was also no evidence of a recent exhaustion of conservative treatment, including physical therapy, NSAIDs, and muscle relaxants. Furthermore, the California MTUS Guidelines state that no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected per sessions. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

request for one internal medicine specialist for clearance between 10/17/13 and 12/12/13:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

request for one psychological evaluation for clearance between 10/17/13 and 12/12/13:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.