MAXIMUS Federal Services

Case Number:	CM13-0064427		
Date Assigned:	01/03/2014	Date of Injury:	08/08/2008
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 60-year-old male who reported an injury on 4/7/99. The mechanism of injury was not stated. Current diagnoses include status post anterior cervical spine discectomy and fusion, C4-5 junctional level pathology, and lumbar discopathy with radiculitis. The injured worker was evaluated on 9/25/13. The injured worker reported ongoing cervical spine and low back pain. Physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, a positive Spurling's maneuver, positive axial loading compression testing, painful and restricted cervical range of motion, dysesthesia in the C5 and C6 dermatomes, tenderness from the mid to distal lumbar segments, painful lumbar range of motion, positive straight leg raise, and dysesthesia at the L5 and S1 dermatomes. Treatment recommendations included an intramuscular injection and a urine specimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION C5-C7 WITH IV SEDATION: 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 rehab efforts. As per the documentation submitted, the injured worker does demonstrate a positive Spurling's maneuver and dysesthesia in the C5 and C6 dermatomes. However, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There was also no mention of an exhaustion of conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. The medical necessity for IV sedation has not been established. Based on the clinical information received, the request is not medically necessary.

60 NAPROXEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. There is no strength or frequency listed in the current request. Therefore, the request cannot be deemed as medically necessary.

30 ZOFRAN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is indicated for nausea and vomiting secondary to chemotherapy and radiation treatment. The injured worker does not meet criteria for the requested medication. There was also no strength or frequency listed in the current request. Therefore, the request cannot be deemed as medically necessary.

9 SUMATRIPTAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that triptans are recommended for migraine sufferers. There is no evidence of chronic migraines in the medical records provided for review. There was also no strength or frequency listed in the current request. Therefore, the request cannot be deemed as medically necessary.