MAXIMUS Federal Services

Case Number:	CM14-0015253		
Date Assigned:	02/28/2014	Date of Injury:	10/19/2009
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 Neurological Surgery, 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 progress notes presented for review indicate that this 56-year-old individual sustained an injury in October, 2009. No specific mechanism of injury is noted in the progress notes reviewed. The injured employee is undergoing land-based and aquatic therapy at the local [redacted]. Additionally, a TENS unit is being employed. Marginal pain improvements are noted. The diagnoses noted are degenerative disc disease and lumbar radiculopathy. The physical examination noted a decrease in lumbar spine range of motion, normal motor function and normal sensory function. Urine drug screening was completed. Electrodiagnostic testing was reported to be "negative for lumbosacral radiculopathy". The progress notes indicate ongoing and increasing complaints of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL INJECTION L5-S1 QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines page(s) Chronic Pain Medical Treatment Guidelines 8 C..

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is no clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of a verifiable radiculopathy noted on electrodiagnostic testing. As such, the requested procedure is deemed not medically necessary.

LIDODERM PATCH 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN TREATMENT GUIDELINES, , 56-57 Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <Insert Section>, page(s) Chronic Pain Medical Treatme.

Decision rationale: Such a transdermal delivery model is indicated in a very narrowly focused set of a clinical situation. There needs to be a noted neuropathic etiology. Specifically, the author's diagnostic assessment excluded such a malady. As such, there is insufficient clinical data presented to support this request. The request is not medically necessary and appropriate.