

Case Number:	CM14-0031066		
Date Assigned:	06/20/2014	Date of Injury:	03/07/2008
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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 Physical Medicine & 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 48-year-old male was reportedly injured on March 7, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 31, 2014, indicated that there were ongoing complaints of neck and low back pain with radiation into the right lower extremity. It was noted that a transforaminal injection, delivered in 2012, offered 6 weeks of pain relief for the lower extremity. The physical examination demonstrated a reduced lumbar spine range of motion, positive straight leg raising. However, motor was 5/5, and a normal gait pattern was identified. Diagnostic imaging studies objectified a solid cervical spine fusion with no signs of stenosis. Previous treatment included multiple level cervical fusion surgery and injections. A request had been made for the medication Imitrex & epidural steroid injection and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Imitrex: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, updated June 2014.

Decision rationale: There are no noted complaints of headache identified in the most recent progress notes presented for review. Furthermore, it is noted that the medications, Soma and Percocet, are being used to address the complaints. Lastly, there are no parameters by which these medications are being dispensed. Therefore, a comprehensive clinical determination as to the applicability of this preparation cannot be made. Based on the limited clinical information presented for review, Imitrex is not noted to be medically necessary.

1 right sided L4 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: There is an endorsement for such an injection when there is objectification of a verifiable radiculopathy documented on appropriate electrodiagnostic testing. No such data is presented for review. Furthermore, the most current literature from New England Journal of Medicine (NEJM) indicates there is a lack of efficacy of a steroid injection for lumbar spine pathologies. Accordingly, based on the limited clinical ration presented for review there is insufficient data to support this request and is not determined to be medically necessary.