

Case Number:	CM14-0036626		
Date Assigned:	06/25/2014	Date of Injury:	09/14/1984
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 60-year-old female who was reportedly injured on September 14, 1984. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated February 17, 2014 indicates that there are ongoing complaints of neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities. The physical examination demonstrated tenderness from the C4 through C7 trigger points. There was decreased sensation at the C5 dermatome of the right upper extremity. There was tenderness along the lower lumbar spine from L4 through S1 and decreased lumbar spine range of motion. A neurological examination of the lower extremities noted diminished sensation on the entire right lower leg. Previous treatment includes epidural steroid injections, bilateral occipital nerve block, as well as physical therapy. A request had been made for a right L4/S1 transforaminal epidural steroid injection, an orthopedic mattress/base, and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-S1 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: According to the guidelines epidural steroid injections are only recommended if there is corroborating evidence between physical examination, objective studies, and the patient's physical symptoms. The physical examination does not note any sensory problems noted in a particular dermatomal distribution. There is also full muscle strength and no atrophy. This request for an L4/S1 transforaminal epidural steroid injection is not medically necessary.

Orthopedic mattress/base: 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Mattress selection.

Decision rationale: According to the Official Disability Guidelines, there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. This request for an orthopedic mattress/base is not medically necessary.

Zofran 8 mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov.

Decision rationale: Zofran is an anti-emetic medication commonly used for nausea and vomiting secondary to chemotherapy or in the postoperative setting. The injured employee does not have nausea and vomiting for these reasons. This request for Zofran is not medically necessary.