MAXIMUS Federal Services

Case Number:	CM14-0037348		
Date Assigned:	06/25/2014	Date of Injury:	06/22/2012
Decision Date:	08/05/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 45 year-old male who was reportedly injured on June 22, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 3, 2014, indicates that there are ongoing complaints of neck and low back pain. There has not been any change in the location, severity or relief of the pain. The physical examination demonstrated a 5'9, 180 pound individual to be hypertensive. A decrease in cervical spine range of motion is reported. Motor function is under 5/5 in all extremities and there is no sensory losses reported. Diagnostic imaging studies noted a small disc protrusion at C5-C6, C6-C7 with no nerve root encroachment, however there is uncovertebral hypertrophy at C3-C4. Previous treatment includes acupuncture, physical therapy, multiple medications, and previous injections. A request had been made for cervical epidural steroid injections and the medication Soma, which was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI: Upheld

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

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

Decision rationale: An indication for cervical epidural steroid injections only follows when there is radiculopathy documented and corroborated by both imaging and electrodiagnostic studies. In this case, the physical examination does not support the presence of a verifiable radiculopathy. Additionally, the enhanced imaging studies did not identify a specific nerve encroachment and there is no letter of diagnostic assessment of a verifiable radiculopathy. As such, the request is not medically necessary.

Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: This medication is not recommended. There are multiple side effects of this medication, and it is clearly not intended for indefinite or long-term use. Therefore when considering the date of injury, the other medications being prescribed, and the physical examination; there is simply no medical information presented to establish the necessity of this request. As such, this request is deemed not medically necessary.