

Case Number:	CM14-0086085		
Date Assigned:	07/23/2014	Date of Injury:	02/27/2010
Decision Date:	11/20/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal Medicine 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 injured worker is a 40 year old male who reported an injury to his neck and low back. The clinical note dated 05/05/14 indicates the injured worker presenting with difficulties associated with cognition, concentration, attention, expressive language, along with severe pain in the extremities. Upon exam, 4- to 4/5 strength was identified at the right ankle dorsa flexors, extensors, and ankle flexors. 4 to 4+/5 strength was identified on the left in the same region. The MRI of the lumbar spine dated 12/27/13 revealed disc desiccation with a 4.8mm circumferential disc bulge and posterior spondylosis identified at L4 mildly impressing the thecal sac. No canal stenosis or neuroforaminal narrowing was identified at any additional levels. The utilization review dated 05/20/14 resulted in a denial for a series of 3 epidural steroid injections at 2 levels. Additionally, speech therapy 2 x 10 was also denied. The clinical note dated 11/27/13 indicates the injured worker had been involved in a motor vehicle accident on 02/27/10. The injured worker had been ejected from his truck and was found unconscious. The injured worker described significant headaches. The injured worker had undergone 2 surgeries at the right wrist since the accident. The injured worker continued to report severe levels of pain in the right upper extremity and was subsequently diagnosed with RSD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection at 2 levels x3(series of three): 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 Epidural steroid injections Page(s): 46.

Decision rationale: The documentation indicates the injured worker complaining of pain at several sites to include the low back. A series of 3 epidural injections is not recommended. The efficacy of the initial injection would need to be documented prior to the approval of any additional injections. Additionally, the submitted MRI revealed no neurocompressive findings at multiple levels. Therefore, it is unclear how the injured worker would benefit from a 2 level procedure. Given these factors, the request is not medically necessary.

Speech Therapy 2x10: 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 (ODG) Head Chapter, Speech therapy (ST)

Decision rationale: The documentation indicates the injured worker complaining of cognition difficulties. However, no speech difficulties or deficits were identified in the clinical notes. Additionally, no swallowing disorders were revealed. Without this information in place, it is unclear how the injured worker would benefit from speech therapy. Therefore, this request is not medically necessary.