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| Case Number: | CM14-0191133 | | |
| Date Assigned: | 11/24/2014 | Date of Injury: | 01/08/2012 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a female with a 01/08/12 date of injury. A progress note dated 7/24/14 indicates pain radiating into the bilateral upper extremity and the pain is aggravated by activity and walking. Examination notes spasm in the lumbar area with tenderness to palpation. Sensory exam notes no change. Straight leg raise was negative bilaterally. Progress note dated 9/5/14 indicates pain in the low back, neck, bilateral shoulders, elbow, hand and wrist. Examination notes pain in the cervical spine with spasm. There is tenderness of the right shoulder, left shoulder, and right wrist and hand. Phalen's is positive. Progress note dated 9/3/14 reports pain in the lumbar region. There is tenderness in the lumbar spine with no change in sensory examination noted. Straight leg raise was negative bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Transforaminal Epidural Steroid Injection with Fluoroscopy: Upheld

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

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, Epidural Steroid Injection

Decision rationale: Official Disability Guidelines support epidural steroid injections when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. The medical records indicate no physical findings consistent with radiculopathy. There is no corroboration by neuroimaging with a radiculopathy demonstrated by examination. Therefore, this request is not medically necessary.

Left L4-L5 Transforaminal Epidural Steroid Injection with Fluoroscopy: Upheld

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

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, Epidural Steroid Injection

Decision rationale: Official Disability Guidelines support epidural steroid injections when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. The medical records indicate no physical findings consistent with radiculopathy. There is no corroboration by neuroimaging with a radiculopathy demonstrated by examination. Therefore, this request is not medically necessary.

Nalfon Capsules 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines supports the use of NSAIDs for pain not responsive to Acetaminophen. The medical records provided for review do not indicate failure of Acetaminophen as a treatment. As such, the medical records do not support use of Nalfon congruent with the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, this request is not medically necessary.