

Case Number:	CM14-0208801		
Date Assigned:	12/22/2014	Date of Injury:	09/04/2014
Decision Date:	03/04/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 09/04/2014. The date of the utilization review under appeal is 12/08/2014. The patient was initially injured when he picked up a heavy piece of wood weighing about 100-120 pounds and subsequently developed pain in his neck radiating to his left arm. The patient has been treated for cervicgia, lumbar radiculitis, and lumbar disc displacement. The treating pain physician submitted an appeal letter of December 17th regarding a prior denial for an epidural injection, physical therapy, and medications. Regarding epidural steroid injections, the treating physician notes that this patient had a failure of conservative management and had physical findings and symptoms that would support epidural injections on the right at L2-L3. The treating physician notes that physical medicine guidelines encourage physical therapy and also notes that, in the treating physician's opinion, the patient is at risk of developing gastrointestinal symptoms. The treating physician also opines that naproxen would be helpful as a first-line medication for this patient. On 12/16/2014, the patient was seen in pain management followup with pain in the neck radiating to his right arm. The patient was substantially limited functionally as a result of his symptoms. On exam the patient had limited cervical motion in all directions with tenderness to palpation of the cervical spine. The patient also had limited lumbar range of motion with positive straight-leg raising and tenderness over the lumbar paraspinal muscles. The patient had normal muscle bulk and tone. There was diminished sensation in the right L5-S1 distribution and diminished sensation in the left C7 and C8 distribution. The treating physician recommended naproxen as an antiinflammatory

medication and also gastrointestinal prophylaxis with Prilosec and recommended tramadol for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injections At The Right L2 And L3 Levels Under Fluoroscopic: 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 Injections Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, states that radiculopathy must be documented by physical exam and corroborative imaging studies and/or electrodiagnostic studies. This patient has not had symptoms correlate with exam findings and diagnostic studies to support an epidural injection at the requested levels. This request is not medically necessary.

Naproxen 550mg # 60: Overturned

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 Antiinflammatory Medications Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on antiinflammatory medications, page 22, recommends antiinflammatory medications as a first-line treatment for musculoskeletal conditions. This is supported by the guidelines. This request is medically necessary.

Prilosec 20mg #60: 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 Antiinflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on antiinflammatory medications and gastrointestinal symptoms, page 68, recommends the clinician should determine if the patient is at risk for

gastrointestinal events. The medical records in this case do not document specific risk factors for gastrointestinal events. This request is not supported by the treatment guidelines. This request is not medically necessary.

Post-Injection Physical Therapy 2 Times, Per Week For 3 Weeks (6 Sessions): 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 Injections Page(s): 46.

Decision rationale: For the reasons noted in a separate determination, an epidural steroid injection is not medically necessary. Therefore, this request is not applicable. Since it follows that post-injection physical therapy would not be indicated if the epidural steroid injection is not medically necessary.