

Case Number:	CM15-0141437		
Date Assigned:	07/31/2015	Date of Injury:	02/03/2015
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 44-year-old male patient who sustained an industrial injury on February 03, 2015. A primary treating office visit dated February 18, 2015 reported the following treating diagnoses: thoracic region sprain; spasm of muscle; other back symptoms, and cervicalgia. There is recommendation to obtain a cervical magnetic resonance imaging scan secondary to the patient with worsened pain. The patient is with subjective complaint of back pain; neck pain that he feels is getting worse with noted numbness to hands. He is still working a modified job duty. Current medications are: Nabumetone, Flexeril, Indomethacin, and Tramadol-APAP 37.5-325mg. The patient has an expected date of maximal medical improvement of 02-28-2015. A follow up visit dated May 28, 2015 reported subjective complaint of having neck, mid back, lower back, and left shoulder pains. There is pending authorization to administer facet epidural injections, and for both a neurological and a chiropractic evaluation. Previous treatment to include: physical therapy, chiropractic therapy, acupuncture session, use of transcutaneous nerve stimulator unit, stretching and exercises and application of heat and cold. Tried medications consisted of: Advil, Tramadol, Tylenol #3, and Norco 5-325mg. Current medications are: Norco 10-325mg, Flexeril, Relafen, and Prilosec. The treating diagnoses are: cervical herniated nucleus pulposus; cervical facet arthropathy; lumbar degenerative disc disease; lumbar facet arthropathy, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI right L5-S1 and S1-S2 foramen: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Guidelines state that ESI are recommended as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no clear evidence of radicular pain. The pain does not radiate to the lower extremities and the neurologic exam is normal. MRI does not indicate findings of specific nerve root compromise at the levels requested for injection. There are also no electrodiagnostic studies available for review. Therefore, this request is not medically necessary or appropriate.