

Case Number:	CM15-0181529		
Date Assigned:	09/22/2015	Date of Injury:	02/22/2010
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii
 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 injured worker is a 53 year old male, who sustained an industrial injury on 2-22-2010. Medical records indicate the worker is undergoing treatment for cervical spondylosis without myelopathy, lumbar disc disorder and postsurgical status. A recent progress report dated 8-18-2015, reported the injured worker complained of unimproved cervical and lumbar pain with pain in the bilateral upper and lower extremities. Physical examination revealed cervical and lumbar spine tenderness with loss of motion. Treatment to date has included left shoulder arthroscopic surgery, 32 physical therapy visits, Norco, Ibuprofen and Ultracet. On 8-18-2015, the Request for Authorization requested Ultracet TAB 37.5-325 #120. On 9-10-2015, the Utilization Review noncertified a request for Ultracet TAB 37.5-325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet TAB 37.5-325 #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The treatment records indicate the patient has persistent low back pain and burning down her left lower side. The current request for consideration is for bilateral L5 transforaminal ESI. The attending physician feels the patient would benefit from having an ESI at L5, page (76B). According to the CA MTUS, epidural steroid injections 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 some objective findings consistent with radiculopathy, including positive slump test and sensory disturbances at L4 and L5 bilaterally. The MRI of the lumbar spine does show at L4-L5, diffuse disc bulge with superimposed central protrusion with mild left neural foraminal narrowing and mild compression of the spinal canal with facet hypertrophy. As such, radiculopathy appears to be documented both by physical examination findings and by MRI findings. As such, the records establish medical necessity for the request; the request is medically necessary.