

Case Number:	CM15-0192275		
Date Assigned:	10/06/2015	Date of Injury:	06/08/2008
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/30/2015

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: Arizona, California
 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 38 year old female, who sustained an industrial injury on 6-8-08. The documentation on 8-17-15 noted that the injured worker has complaints of neck and shoulder pain as well as low back pain with radiating symptoms into her right lower extremity. The injured worker reports that her pain levels continue from 8 out of 10 down to a 6 out of 10 with the use of the norco and ibuprofen has really been helpful. The injured worker has positive straight leg raise on the right with radiating pain down the posterior thigh all the way down to the foot and ankle on the right side and she has decreased sensation. The injured worker has hypersensitivity over the lateral foot and ankle. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified and other affections of shoulder region, not elsewhere classified. Treatment to date has included trigger point injections were helpful done on her last visit; norco; ibuprofen; prilosec and bio freeze and right shoulder arthroscopic surgery in October 2010. Right shoulder magnetic resonance imaging (MRI) on 9-27-13 showed superior labrum, anterior to posterior lesion with incomplete tear of the supraspinatus, full thickness. Magnetic resonance imaging (MRI) on 1-24-14 showed 5 millimeter broad based disk bulge at L4-L5 with significant bilateral foraminal stenosis, 3 to 4 millimeter broad-disk at L5- S1 (sacroiliac) with bilateral foraminal stenosis. Electromyography and nerve conduction study of the right upper extremity from 1-27-11 was unremarkable. Electromyography and nerve conduction study on 11-7-12 was within normal limits. The original utilization review (8-28-15) non-certified the request for right L5-S1 (sacroiliac) transforaminal epidural steroid injection and motrin 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESI are indicated for those who have radiculopathy and abnormal findings on MRI. In this case, the claimant has a positive straight leg raise and significant stenosis noted on MRI. Pain medications were not particularly helpful. However, there was no mention of nerve root encroachment or impingement. As a result, the request for lumbar ESI is not medically necessary.

Motrin 800 Mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months in combination with opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.