

Case Number:	CM15-0192737		
Date Assigned:	10/06/2015	Date of Injury:	02/27/2013
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 57 year old female with an industrial injury dated 02-27-2013. A review of the medical records indicates that the injured worker is undergoing treatment for acquired spondylolisthesis, neck sprain and strain, and headache. According to the progress note dated 08-24-2015, the injured worker reported continued chronic neck and back pain. The injured worker continued to have radiation of her neck pain into her left cervical brachial region, which was reported to be slightly better with use of extended release Tramadol. The injured worker reported radiation of the back pain into her bilateral groin region and hips. The injured worker also reported persistent headaches and memory issues. Current Medications: Gabapentin, Pantoprazole-Protonix, Tramadol and Amlodipine. Objective findings (08-24-2015) revealed anxiety, pain, tenderness to palpitation in the mid to lower part of the lumbar spine and cervical spine bilateral. Treatment has included Magnetic Resonance Imaging (MRI) of cervical spine dated 02-18-2015, Electromyography (EMG) and nerve conduction studies (NCS) of bilateral upper extremity dated 11-26-2014, prescribed medications, chiropractic treatment, 4 sessions of acupuncture therapy, 3 out of 6 sessions of physical therapy, epidural steroid injection (ESI), medial branch blocks, neurologist consultation and periodic follow up visits. The treating physician reported that the CT scan of the head was negative. The treating physician reported that the Magnetic Resonance Imaging (MRI) of lumbar spine revealed anterolisthesis at L4-L5. The treating physician reported that the Electromyography (EMG) of the lower extremities revealed a right sided L5-S1 radiculopathy. The treating physician prescribed services for

