

Case Number:	CM15-0197887		
Date Assigned:	10/13/2015	Date of Injury:	05/18/2010
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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 59 year old female who sustained an industrial injury on 5-18-2010. A review of medical records indicates the injured worker is being treated for cervicgia, cervical spondylosis, cervical degenerative disc disease with posterior disc bulge at the level of C3-4, C4-5, C5-6, and C6-7, cervical spine multilevel disc herniation per MRI, lumbago, lumbar spondylosis at the level of L4-5 and L5-S1, lumbar radiculopathy to the bilateral lower extremity with posterior disc bulge at the level of L3-4, L4-5, and L5-S1 with bilateral neuroforaminal stenosis, and lumbar spine facet hypertrophy and lumbar disc protrusion herniation. Medical records dated 8-20-2015 noted constant pain into her left and right upper extremities. She states constant pain in the lower back. Physical examination noted tenderness over the C5-6 and C6-7 bilaterally associated with mild spasms. Range of motion was decreased. There was tenderness noted over the lumbar spine with spasms. There was decreased sensation to light touch in the dermatome pattern of C5, C6, and C7 and L4, L5, and S1. MRI of the lumbar spine dated 6-10-2015 revealed multilevel disc protrusion of the lumbar spine and she has facet hypertrophy more to the left. Treatment has included baclofen, Norco and follow up. Utilization review form dated 9-14-2015 noncertified lumbar transforaminal epidural steroid injection to L4-L5, L5, and S1 bilaterally and motorized cold therapy unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection to L4-L5 and L5-S1 bilaterally:
Overturned

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, epidural injections are recommended for those with radiculopathy on exam and imaging. In this case, the claimant had disc herniation with radicular findings on exam. The claimant had persistent pain despite conservative therapy. Based on the findings and symptoms, the request for the ESI of the lumbar spine is appropriate.

Motorized cold therapy unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg 11.

Decision rationale: According to the guidelines, cold packs can be used in the acute phase of injury. Motorized cold units are not specified for low back pain but are recommended up to 7 days post-op shoulder and other musculoskeletal areas. In this case, the claimant is only undergoing an ESI. The length of use exceeds a week. Indefinite use is not indicated. The purchase of a motorized cold unit is not medically necessary.