

Case Number:	CM15-0201266		
Date Assigned:	10/16/2015	Date of Injury:	01/17/2015
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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 50 year old female, who sustained an industrial injury on 1-17-15. The injured worker was diagnosed as having cervical spine disc bulge at C5-6 and right sided radiculopathy and lumbar spine disc bulge at L5-S1 and right sided radiculopathy. Treatment to date has included at least 8 physical therapy sessions, a Toradol injection, a Dexamethasone injection, a Depo-medrol injection, and medication including Flexeril, Norco, and Voltaren ER. Physical examination findings on 8-12-15 included spasm of the posterior neck and pain with cervical motion. Point tenderness was noted in the posterior neck. Spasm was noted in the lower lumbar area with point tenderness upon palpation of the lower lumbar spine. Lasegue's test was positive on the right. Bilateral upper and lower extremity motor and sensation function was noted to be normal. Bilateral upper and lower extremity deep tendon reflexes were noted to be normal. On 8-12-15, the injured worker complained of neck and low back pain. The treating physician requested authorization for retrospective Dexamethasone 20mg-ml for the cervical and lumbar pain for the date of service 8-12-15. On 9-15-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Dexamethasone 20 mg /ml for the cervical and Lumbar Pain, DOS: 8/12/2015: 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): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 17.

Decision rationale: According to the guidelines, steroid injections are recommended for acute radicular pain. It is not recommended for chronic pain. In this case; the claimant had chronic cervical and lumbar radicular pain. There was a request for an ESI. Location of injections was not provided when performed. The claimant was given Depomedrol along with Dexamethasone. Justification for 2 steroid injections was not provided. The ACOEM guidelines do not recommend injections due to their short-term benefit. Pain scores were not provided. The Dexamethasone injection is not medically necessary.