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| Case Number: | CM15-0026860 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 07/23/2013 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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, Arizona
 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 36-year-old female who reported an injury on 07/23/2013. The injured worker was reportedly injured when she was transferring a patient from a bed to a gurney. The current diagnoses include thoracic pain and thoracic spine degenerative disc disease. The injured worker presented on 02/11/2015 for a follow-up evaluation with complaints of 6/10 mid back pain and poor sleep quality. The injured worker was utilizing Flexeril 10 mg, Neurontin 300 mg, Norco 10/325 mg, ibuprofen 600 mg, Xanax 1 mg, and Wellbutrin 75 mg. It is noted that the injured worker has been previously treated with acupuncture, physical therapy, and medications management. Upon examination of the cervical spine, there was straightening of the spine with loss of normal cervical lordosis, restricted range of motion, tenderness noted at the lower thoracic region and cervical paraspinal musculature/facets, and negative Spurling's maneuver. Examination of the thoracic spine revealed paravertebral muscle spasm and tenderness. Examination of the lumbar spine revealed limited lumbar range of motion with negative straight leg raise and 2+ deep tendon reflexes. Lumbar facet loading was positive bilaterally. Motor examination revealed normal tone. Light touch sensation was decreased over the C5 dermatome as well as the L5-S1 dermatome on the right. Recommendations included an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection with Catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injection is recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no objective evidence of radiculopathy. Additionally, the request as submitted failed to indicate a body part or specific level at which the injection will be administered. Given the above, the request is not medically appropriate at this time.