

Case Number:	CM14-0114052		
Date Assigned:	08/04/2014	Date of Injury:	08/19/2013
Decision Date:	09/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 38-year-old individual was reportedly injured on August 19, 2013. The mechanism of injury was reported as a cumulative trauma type event. The most recent progress note, dated April 10, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 6'1", 195 pound individual who has a mildly antalgic gait pattern. There was tenderness to palpation of the lower lumbar spine, a decrease in range of motion, and no specific neurological findings were reported. Diagnostic imaging studies objectified a slight disc bulge at L5-S1. A normal thoracic spine was reported. Electrodiagnostic studies were negative for radiculopathy or nerve entrapment. Previous treatment included medications, conservative care, and diagnostic investigations. A request had been made for multiple medications and a pain management consultation and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As noted in the MTUS, this is a short acting opioid indicated for management of moderate to severe breakthrough pain. When considering the date of injury, the injury sustained, the findings noted on enhanced imaging studies and other diagnostic studies, there is no pathology objectified to support the complaints of pain. Furthermore, when noting the amount of medication taken in the past and by the current complaints and physical examination offered, there is no demonstration of any efficacy or utility with use of this medication. Therefore, based on the lack of functional improvement or decrease in symptomatology, there is no medical necessity to continue this medication.

1 lateral epicondylar injection with Lidocaine, Marcaine and steroids: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Page 25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: As outlined in the MTUS, there is no specific recommendation for or against such injections. Therefore, when noting the date of injury, the mechanism of injury, the lack of any acute pathology and the nonresponsive nature, there is no clinical indication presented to perform a steroid injection. Therefore, this is not medically necessary.

1 pain management consultation for lumbar epidural steroid injections and facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 309,Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. The elected diagnostic studies completed clearly established there is no evidence of radiculopathy. Furthermore, the MRI clearly established that there was no nerve root encroachment. Therefore, there is no medical necessity for such a procedure.