

Case Number:	CM14-0123123		
Date Assigned:	08/08/2014	Date of Injury:	08/12/2004
Decision Date:	09/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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 & 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 64-year-old individual was reportedly injured on August 12, 2004. The only medical records, presented for review, 2009-2010, there was no data presented to suggest what the current complaints were, the current physical examination findings and the current clinical assessment. No diagnostic imaging studies were available for review. No previous treatment available. A request had been made for epidural steroid injection and physical therapy and Medrol Dosepak and was not certified in the pre-authorization process on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Epidural Injection L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: There was no clinical information presented for review, subsequent to 2010, there is insufficient clinical information presented to support this request. There needs to be objective occasion of a radicular pain syndrome noted in terms of dermatomal distribution and

corroborated by letter diagnostic studies. Therefore, the request for bilateral lumbar epidural injection L4-5 is not medically necessary and appropriate.

PT (Physical Therapy) 2 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98-99 OF 127.

Decision rationale: As outlined in the MTUS, there is a clinical indication for physical therapy and certain situations for chronic pain situation. However, given that the only progress notes presented for review, more than 4 years old, there is insufficient clinical information presented to support this request. Based on this lack of clinical information, the request for physical therapy (PT) 2 x 4 is not medically necessary and appropriate.

Medrol Dose Pack: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated August 2014.

Decision rationale: Oral corticosteroids are not addressed in the MTUS or the ACOEM. The parameters noted in the ODG are employed. However, there were no progress notes subsequent to January 29, 2010. Therefore, the medical necessity for this medication cannot be established.