

Case Number:	CM14-0128978		
Date Assigned:	09/18/2014	Date of Injury:	01/18/2013
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Patient is a 49 year-old male with date of injury 01/18/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/03/2014, lists subjective complaints as low back pain with lower extremity posterior thigh and calf pain radiating to the lateral border of the right foot. Objective findings: Examination of the lumbar spine revealed symmetrical paraspinal muscles without any swelling or muscle spasm. Deep tendon reflexes were symmetrical to the bilateral lower extremities. Range of motion was restricted in all planes due to pain. Straight leg raising test negative bilaterally. Fabere test was positive on the right. Sensation was intact to bilateral lower extremities and motor exam was 5/5. Sensation by touch and pin wheel revealed no deviation in sensation. Diagnosis: 1. Degenerative disc disease, severe with left lower extremity S1 lumbar radiculopathy 2. Cervical strain 3. Sleep disturbance because of pain 4. HNP and severe spinal stenosis left lower extremity S1 radiculopathy. MRI of the lumbar spine was performed on 02/16/2013, and was positive for degenerative disc disease from L3 to S1 with left renal cyst and note of L4-5 disc bulge/spondylosis with bilateral neuralforaminal narrowing with spinal canal narrowing as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decadron series #3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-49. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Injection with anesthetics and/or steroids

Decision rationale: According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. The medical record fails to document any improvement of function or sustained pain relief from the first two Decadron injections. Therefore the request is not medically necessary.