

Case Number:	CM14-0099761		
Date Assigned:	07/28/2014	Date of Injury:	02/10/1995
Decision Date:	09/25/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 50-year-old female with a reported injury on 02/10/1995. The mechanism of injury was not provided. The injured worker's diagnoses consisted of cervicalgia, brachial neuritis or radiculitis, lumbago, thoracic or lumbosacral neuritis or radiculitis, and pain in the joint involving the lower leg. The injured worker has had previous treatments of physical therapy and medications and hot and cold packs. It has been recommended in the past for her to have epidural steroid injections and a medial branch blocks, but it is unknown as to whether she actually had those treatments or not. The injured worker had an examination on 08/20/2014 with complaints of pain in the lower back and neck. She described her pain as being sharp, dull, shooting, and hot, aching, throbbing, and knife like. She rated her pain level at a 6/10. She reported that her function level was poor and her sleeping pattern was poor. The injured worker did complain of diarrhea and constipation. Upon physical examination of her cervical spine there was tenderness with paraspinal muscle spasms and bilateral facet loading signs. The cervical spine did have decreased range of motion. Upon the lumbar spine examination it was positive for tenderness with the paraspinal muscle spasms and bilateral facet loading signs. There also was decreased range of motion to the lumbar spine as well. The lower extremities were positive for tenderness. The list of medications included hydrocodone and Zanaflex. The recommended plan of treatment was an IV push and physical therapy. The recommendation for the IV push does not specify which drug or dosage. The rationale was not provided. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intravenous (IV) Push: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GRADE OF RECOMMENDATION: B THERE IS INSUFFICIENT EVIDENCE TO MAKE A RECOMMENDATION FOR OR AGAINST THE USE OF A SINGLE INFUSION OF INTRAVENOUS (IV) GLUCOCORTICOSTEROIDS IN THE TREATMENT OF LUMBAR DISC HERNIATION WITH RADICULOPATHY. **NORTH AMERICAN SPINE SOCIETY. DIAGNOSIS AND TREATMENT OF LUMBAR DISC HERNIATION WITH RADICULOPATHY. BURR RIDGE (IL): NORTH AMERICAN SPINE SOCIETY; 2012. 100P (446 REFERENCES)***.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: What is an IV push, <http://www.wisegeek.com/what-is-an-iv-push.htm>.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines do not address this request. Wisegeek.com states that IV pushes mean the delivering of additional medication through an intravenous line. An IV push has the advantage of being able to give extra medicine as needed without having to inject the patient elsewhere. It can rapidly get this medication into the body since it is injected directly into the blood stream. When an IV push is needed a qualified nurse or doctor may have a few choices on how to administer it. When administering an IV push the medical worker must make sure that the medication will not interact with other drugs being administered. IV push injections must be slow; an IV push does require the assistance of a medical person. The request for the IV drug push does not specify which medication is to be pushed, the dosage, or the directions as far as frequency and duration. There is a lack of evidence of medical necessity of this IV drug push. Therefore, the request for the IV drug push is not medically necessary.