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| Case Number: | CM15-0075411 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 08/31/2010 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 54 year old male, who sustained an industrial injury on 8/31/2010. He reported injury to the low back and neck. Diagnoses include cervical disc disease, lumbar disc disease, radiculopathy, left knee sprain, cervical facet symptoms, lumbar facet symptoms and functional scoliosis. He is status post right cubital and carpal tunnel release in 2013 and left carpal tunnel release in 2014. Treatments to date include medication therapy, physical therapy, chiropractic therapy, epidural steroid injections, rest and home exercise. Currently, he complained of pain in the neck and lumbar spine. On 3/6/15, the physical examination documented mild to moderate tightness, tenderness and muscle spasms in the cervical spine with severe facet tenderness C3-C7. There was decreased cervical range of motion. There was guarding noted to lumbar spine with muscle spasm, tightness and tenderness. The plan of care included continuation of home exercise and a request for bilateral L3-4 and L4-5 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4, L4-L5 transforaminal epidural steroid injection with fluoroscopy: Upheld

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

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

Decision rationale: The patient is a 54 year old male with an injury on 08/31/2010. He had neck and back pain. He has been treated with epidural steroid injections, medication, physical therapy and a home exercise program. MTUS, Chronic Pain guidelines note lumbar epidural steroid injections do not affect impairment or the need for surgery. They do not provide long term pain relief. Also, the patient does not meet MTUS guidelines as lumbar radiculopathy is not documented. The request is not medically necessary.

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78- 79.

Decision rationale: The patient is a 54 year old male with an injury on 08/31/2010. He had neck and back pain. He has been treated with epidural steroid injections, medication, physical therapy and a home exercise program. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.