

Case Number:	CM15-0092332		
Date Assigned:	05/19/2015	Date of Injury:	09/30/2012
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/14/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 37-year-old female, who sustained an industrial injury on 9/30/12. She reported neck pain with radiation to upper extremities. The injured worker was diagnosed as having cervical spine disc bulge at C5-6 and C6-7 and left sided C6-7 radiculopathy, left frozen shoulder and anxiety. Treatment to date has included oral medications including Norco and anti-inflammatories, physical therapy, cortisone injections of left shoulder/upper trapezial region, acupuncture, home exercise program, intramuscular injection, massage therapy and chiropractic therapy. Currently, the injured worker complains of increased neck and left shoulder pain with severe spasm and radiation with numbness down bilateral upper extremities to 4th and 5th digits; she also complains of difficulty lifting her arms overhead without pain and anxiety, depression and difficulty sleeping. The injured worker is currently working full duty. Physical exam noted restricted range of motion of cervical spine with spasm of left side of neck and point tenderness upon palpation of paraspinal region and left trapezial area; exam of left shoulder revealed mild swelling and point tenderness upon palpation of rotator cuff and increased pain and generalized weakness with motion, range of motion is also restricted. A request for authorization was submitted for Fioricet, Imitrex, Lexapro, Ultram, Toradol, Dexamethasone and Depo-medrol injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone Injection 20 MG/ML: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, dexamethasone.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested medication is indicated for joint injections. It is not indicated or listed for general injection for the treatment of pain. The provided clinical documentation for review does not indicate this is for a specific location/joint injection and therefore the request is not medically necessary.

Depo-Medrol 40 MG/ML: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, depo-medrol.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested medication is indicated for joint injections. It is not indicated or listed for general injection for the treatment of pain. The provided clinical documentation for review does not indicate this is for a specific location/joint injection and therefore the request is not medically necessary.