

Case Number:	CM13-0005410		
Date Assigned:	11/20/2013	Date of Injury:	08/27/2001
Decision Date:	02/04/2014	UR Denial Date:	06/27/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 patient is a 64 year-old female with injury date on 8/27/01. The UR determination is from 7/1/13 and recommends non-certification of [REDACTED] request for a left cervical level 4-5, and level 5-6 transforaminal epidural steroid injection, and request for Vicodin 5/500mg #60. [REDACTED] is the requesting provider and has provided reports from 2/22/13-10/24/13. Based on the visit notes from 6/20/13 patient's diagnoses are cervicgia, cervical disc displacement without myelopathy, brachial neuritis or radiculitis nos, and cervical disc degeneration. Patient complains of neck pain, left upper extremity pain, left shoulder pain, and left knee and chest pain. Patient's most troubling symptoms start at the left shoulder and radiate to her left hand. Patient states exacerbating factors include lying down on side, reaching overhead and lifting. According to the 8/4/11 Supplemental Orthopedic AME, by [REDACTED], the patient has had cervical injections in the past and has helped with 60% of her pain, which then the pain came back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-5 and C5-6 transforaminal epidural steroid injections: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The 6/20/13 report from [REDACTED] includes a pain drawing showing numbness and tingling posterior cervical spine, posterior left shoulder to the shoulder blade and over the deltoid and down the left arm to the index finger, covering the C3,4,5, and C6 dermatomes, and pain over the left anterior ribs, below the breast. The report states she was injured when she fell and struck the corner of a table with her left-side ribs. There was 9/10 pain and the physical exam was deferred due to pain. There was no discussion of medication efficacy. The 8/12/13 report also reflects 9/10 pain, but the physician was able to perform the exam, and found Spurling's positive at left C4, C5 and C6 for radicular symptoms. Facet loading was also positive at C4/5 and C5/6 for axial neck pain. There was decreased sensation to pin-prick along the left C4, C5 and C6 root distributions. Mild decrease in left biceps and left brachioradialis reflexes. There appears to be current clinical evidence of cervical radiculopathy. There were no imaging or EMG reports, or prior ESI procedure reports provided for IMR. However, there was a 6/24/08 Orthopedic AME report from [REDACTED], who noted on his record review, a CT of the cervical spine on 8/22/06 showing C5/6 and C6/7 bilateral neural foraminal narrowing. He reports the 6/14/07 cervical MRI shows disc protrusion at C3/4 and C4/5, both levels encroaching the cord. [REDACTED] reviewed several ESI procedural reports from 2003-2007. On his 8/4/11 Supplemental report, [REDACTED] noted that prior cervical ESI from 2010 and 2011 provided 60% relief, and concluded overall the records showed at least 50% relief of pain with associated increased activity for at least 6-8 weeks following the cervical ESI. With the Imaging review and efficacy of prior ESI described by [REDACTED], along with the current clinical findings of cervical radiculopathy by [REDACTED] (8/12/13) The request for left C4/5 and C5/6 epidural steroid injections is in accordance with MTUS guidelines.

Vicodin 5/500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use, Opioids, long-term assessment Page(s): 88-89.

Decision rationale: The MTUS criteria for opioids requires documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, MTUS recommends reevaluating the situation and to consider other treatment modalities. The reporting 6/20/13 discusses 9/10 pain, but does not indicate that Vicodin has reduced this or produced any functional benefit or improved quality of life. The follow-up report on 8/12/13 again shows 9/10 pain, and does not show improvement with Vicodin on a "numeric scale or validated instrument" as stated in the MTUS guidelines for Long-term users of opioids section. The MTUS reporting requirements for use of opioids has not been met. The request is not in accordance with MTUS guidelines.

