

Case Number:	CM13-0030532		
Date Assigned:	11/27/2013	Date of Injury:	09/23/2008
Decision Date:	01/27/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology, has subspecialties in Acupuncture and Pain 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 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 35 year old male with injury date 9/23/08. He complains of neck pain radiating to bilateral shoulders and arms. He is diagnosed with C spine musculoligamentous sprain/strain with multilevel disc protrusions and cervical spondylotic radiculopathy. He is status post fusion at C4-C5 and C5-C6 performed 4/11/11. Electromyography and nerve conduction velocity studies dated 5/21/09 reveal mild right carpal tunnel syndrome. MRI dated 8/24/10 reveals cervical spine cord compression with disc protrusion at C4-C5 and C5-C6. During April 2012 the patient attempted suicide due to intractable pain. The patient has undergone acupuncture, physical therapy, chiropractic therapy, epidural injections, traction, and biofeedback therapy. The latest medical records available for this review were dated 10/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfacet epidural steroid injections - 2 right C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the purpose of an epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In this case, electromyography and nerve conduction velocity studies showed C7, C8, or T1 radiculopathy. The patient has been unresponsive to conservative therapy, including physical therapy, medications, and acupuncture. The patient meets applicable criteria for an ESI. However, what complicates this request is the use of the "transfacet" approach, which is non-standard, but appears to have some advantages. The transfacet approach seems to be more analogous to a transforaminal approach than an interlaminar approach. Due to the facts that it is non-standard, the guidelines are silent on this particular approach, and it is not standard of care, the requested transfacet ESIs are not medically necessary or appropriate.

Percocet 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79.

Decision rationale: The Chronic Pain Medical Treatment Guidelines regarding when to discontinue opioids state that immediate discontinuation has been suggested for: evidence of illegal activity including diversion, prescription forgery, or stealing; the patient is involved in a motor vehicle accident and/or arrest related to opioids, illicit drugs and/or alcohol; intentional suicide attempt; aggressive or threatening behavior in the clinic. It is suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances. Per the 8/15/12 medical record noted by [REDACTED] the patient had a history of planning to commit suicide, and per patient's report made an attempt at suicide in April 2012 (no records of the incident are present). Due to the intentional suicide attempt, the requested Percocet is not medically necessary or appropriate.