MAXIMUS Federal Services

Case Number:	CM14-0100157		
Date Assigned:	07/28/2014	Date of Injury:	12/08/2011
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
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 Occupational 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 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:

This 41 year old patient sustained an injury on 12/8/2011. The mechanism of injury occurred when he was on a lift when it got hit by another crane, causing it to spring up and hit the ceiling, injuring his head/neck, face and nose. In a progress noted dated 5/9/2014, the patient complain of cervical spine pain and persistent neck pain which goes into his head causing headache. On a physical exam dated 5/9/2014, the cervical spine revealed limited range of motion, shoulder depression, tenderness over paravertebral muscles and trapezius muscles bilaterally. Strength and sensation was normal at 5/5/ in the C2, C6, C7 and C8 bilaterally. Diagnostic impression shows status post blunt head trauma with loss of consciousness and residual cephalgia, nasal fracture, two surgical repairs and residuals, cervical spine, multilevel disc bulges secondary radiculopathy both upper extremities. Treatment to date includes medication therapy, behavioral modification, physical therapy, epidural steroid injection, and psychotherapy. A UR decision dated 6/2/2014 denied the request for cervical epidural steroid injection (no level provided), stating there is no evidence of dermatomal or myotomal deficits and no nerve root tension signs indicating a radiculopathy. There was no documentation of any anatomic neurocompressive lesion via imaging and no documentation of radiculopathy, confirmed via EMG/NCVs. Ultram 50mg #90 was denied, stating that doctor noted better VAS score with Motrin than with Ultram, and that Tramadol did not seem to fulfill any key outcome goals including pain relief, improved quality of life, and improved functional capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection (no level provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation AMA guidelines (Radiculopathy).

Decision rationale: The California MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. On a progress report dated 5/9/2014, the objective findings do indicate radiculopathy in the cervical region. He was also noted to have 2 injections to his cervical spine in the past which did help his pain and increased his functionality. However, the level of the injection was not provided in the request. Therefore, the request for epidural steroid injection (no level provided) is not medically necessary.

Ultram (Tramadol) 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The California MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In the reports viewed the patient reports greater pain reduction with Ibuprofen in comparison to Tramadol. Additionally, there was no documented functional improvement discussed with the opioid regimen. Therefore, the request for Tramadol 50mg #90 is not medically necessary.