

<b>Case Number:</b>	CM14-0103912		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/02/2003
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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:

The patient is 43-year-old male who has submitted a claim for neck sprain associated from an industrial injury date of 12/02/2003. Medical records from 2014 were reviewed, the patient complains of chronic neck and low back pain. The most recent progress report dated 05/05/2014 reveals the pain is rated at 9 out of 10. Pain symptoms include headaches and pain radiating to both shoulders. Low back pain radiates to the buttocks and both lower extremities. There is also associated tingling and numbness of both hands. Physical examination of the lumbar spine reveals tenderness to palpation and decreased range of motion. There is also a positive straight leg raise test noted. Examination of the cervical spine reveals limited range of motion. An MRI of the cervical spine dated 06/28/2011 revealed C3-C4 post fusion status with previous 3mm diffuse disc herniation, C4-C5 disc desiccation with normal disc height, no change in 1mm retrolisthesis of C4 with relation to C5, and mild increase in diffuse disc bulge from 1 to 2mm on prior study to currently 3mm with right neural foraminal narrowing. Treatment to date has included pain medications, anti-inflammatory medications and cervical and lumbar epidural steroid injections. Utilization review from 07/21/2014 modified the request for MS Contin 60mg #90 to #45 because the dose and quantity of MS Contin being utilized by the patient exceeds that of the recommended by the guidelines. The patient's Morphine an equivalent per day equates to 180 MED, while the allowed limit by the guidelines is at 120 MED. The quantity approved by the said review is for weaning purposes. The request for a cervical epidural steroid injection at C3-C4 and C4-C5 was also denied because from the available documentation reveals no alterations in sensation, atrophy, muscle weakness, or alterations in reflexes associated with a single nerve root to demonstrate the presence of radiculopathy. Furthermore, the patient has received ESIs in 11/16/2011 and 1/18/2013. There is a lack of evidence suggesting prior relief from previous ESIs. The request for a consultation and treatment with a neurologist was also

modified to allow for one neurologist consult only. The patient's symptoms of bilateral hand numbness and pinching chest pain warrant the need for a consult with a specialist and appear prudent at this time.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription for MS Contin 60 mg. # 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): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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 monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on MS Contin since at least October 2013. The medical records did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, request for 1 prescription for MS Contin 60 mg. # 90 is not medically necessary.

#### **1 cervical epidural steroid injection at C3-C4 and C4-C5: Upheld**

**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.

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, research has now shown that LESI is recommended as a possible option for short-term treatment of radicular pain (defined as pain dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. In this case, the patient complains of chronic neck pain. There is also associated tingling and numbness of both hands. MRI of the cervical spine dated 06/28/2011 revealed C3-C4 post fusion status with previous 3mm diffuse disc herniation, C4-C5 disc desiccation with normal disc height, no change in 1mm retrolisthesis of C4 with relation to C5, and mild increase in diffuse disc bulge from 1 to 2mm on prior study to currently 3mm with right neural foraminal narrowing. However, physical examination failed to show evidence of radiculopathy. Additionally, the patient has had 2 prior epidural steroid injections. The patient has received ESIs in 11/16/2011 and 1/18/2013.

There is a lack of evidence suggesting prior relief from previous ESIs. Therefore, the request for cervical epidural steroid injection is not medically necessary.

**1 neurologist consult and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Page: 15 & CHAPTER 15: PAGE 398.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, pages 127, 156

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In this case, the patient is referred to a neurologist because of his symptoms of bilateral hand numbness and pinching chest pain. The medical necessity for consult has been established. However, the present request as submitted failed to specify the type of treatment. The treatment request is ambiguous; therefore, the request for 1 neurologist consult and treatment is not medically necessary.