MAXIMUS Federal Services

Case Number:	CM14-0018557		
Date Assigned:	04/18/2014	Date of Injury:	12/18/2008
Decision Date:	07/23/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine and Rehabilitation 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 injured worker is 48 year old female with a reported date of injury on 12/18/2008. The worker was injured while making a bed when she tripped over a cord and landed on her left outstretched arm. The progress note dated 12/13/2013 reported the injured worker's pain of neck, mid and low back rated 8-9/10. The diagnoses listed from that report were HNP of the lumbar spine, HNP of the cervical spine, cervical stenosis, CRPS with failed spinal cord stimulator, and right trochanteric bursitis. An MRI dated 12/13/2013 reported a 1mm anterolisthesis C4-5 with 1-2mm retrolisthesis C5-6. Degenerative disc disease is most pronounced C5-6 and C6-7 consisting of disc dehydration, disc height loss, anterior spondylosis and end plate marrow change. The cervical cord was normal in signal intensity and configuration with evidence of a cerebellar tonsillar herniation. The progress note dated 04/13/2014 reported persistent neck, mid and low back pain rated 9/10. The injured worker went to the emergency room due to severe pain and received Toradol injections, #2 Percocet, and #1 Ativan that helped with her pain. During the examination the injured worker reported numbness down her left arm and radiation of pain down to both legs to feet. The physical examination reported tenderness to palpation of the cervical, thoracic, and lumbar paraspinal musculature. There was decreased sensation noted in the left C6 and C8 dermatomes as well as the left L4, L5 and S1 dermatomes. The injured worker reported on that date she had approximately 8 sessions of chiropractic therapy which helped decrease her pain and improve function. An electrodiagnostic evaluation on 10/08/2013 reported positive carpal tunnel syndrome and no cervical radiculopathy or generalized neuropathy affecting left upper limb. A chiropractic reevaluation performed 02/13/2014 reported positive findings for cervical compression, cervical decompression, shoulder depression, Jackson's and Spuling's as well as a positive straight leg raise, Braggard's, Faber's, Yeoman's, Nachlas and Eli's. There was also noted decreased

sensation to C6 and C8 left arm and decreased L4, L5, and S2 left leg. The motor strength rated 4/5 to left arm and leg. The injured worker was also using electrical stimulation in therapy which was helping her pain. The request for authorization form was submitted 12/17/2013 for cervical intraluminal epidural steroid injection at C5-6 and C6-7, #60 naproxen sodium 550mg, #30 cyclobenzaprne 7.5mg, #60 omeprazole 20mg, additional sessions of chiropractic care, and Tens unit trial due to HNP of lumbar spine, HNP of the cervical spine, cervical stenosis, CRPS with failed spinal cord stimulator, and right trochanteric bursitis. The request is for repeat/remaining cervical intraluminal epidural steroid injection C5-6 x1, eight additional chiropractic sessions, TENS unit trial (unspecified), Naproxen sodium 550mg #60 with one refill, cyclobenzaprine/flexeril 7.5mg #30 x1 refill, omeprazole/Prilosec 20mg #60 with one refill, cervical intraluminal epidural steroid injection C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT/REMAINING CERVICAL INTRALUMINAL EPIDURAL STEROID INJECTION C5-6 X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

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

Decision rationale: The request for repeat/remaining cervical intraluminal epidural steroid injectjions C5-6 x1 is not medically necessary. The injured worker has not been diagnosed with radiculopathy and she has failed conservative care. The Chronic Pain Medical Treatment guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Pain relief beyond 3 months and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The purpose of an epidural steroid injection 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. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. The injured worker has failed conservative care in regards to her pain and function; however, there was a lack of documentation indicating significant findings of radiculopathy upon physical examination. The neurological examination performed by the chiropractor listed decreased sensation to the C6 and C8 dermatomes to the left arm, motor strength 4/5 to entire left arm, and

bilateral hyporefexic upper extremities; there was a lack of documentation of symptomatology to the right side. The request is for a repeat injection; however, it was unclear if the injured worker had a previous injection as well as the efficacy of any previous injections was unclear. Therefore, the request is not medically necessary.

EIGHT (8) ADDITIONAL CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation And Therapy Page(s): 58-59.

Decision rationale: The request for an additional 8 sessions of chiropractic therapy is not medically necessary.The injured worker has received 8 seesions of chiropractic care and stated it helped with her pain. According to the Chronic Pain Medical Treatment guidelines, chiropractic therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The guidelines recommend a total of up to 18 visits over 6-8 weeks provided evidence of functional improvement. The neurological examination performed by the chiropractor listed decreased C6 and C8 to the left arm, motor strength 4/5 to entire left arm, and bilateral hyporefexic upper extremities. The documentation submitted is unclear regarding functional improvement with the prior sessions of chiropractic care for cervical and lumbar spine. As such, the request is not medically necessary.

TENS UNIT TRIAL (UNSPECIFIED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens(transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: The request for TENS unit (unspecified) is not medically necessary. The injured worker was using electrical stimulation along with therapy and reported some pain relief; however, there was not adequate documentation of how well or how long the effect lasted. According to the California Chronic Pain Medical Treatment guidelines, TENS is not recommended as a primary treatment modality for chronic pain in adjunct to an evidence-based functional restoration program. A home-based trial on one month may be appropriate for neuropathic pain and CRPS II, although there is little evidence to support its use for these conditions. The injured worker has used electrical stimulation with therapy but there is not adequate documentation regarding the effectiveness of the unit which can be quantified; at each

office visit the injured worker continued to rate her pain at 8-9/10 despite therapy with electrical stimulation. Therefore, the request is not medically necessary.

NAPROXEN SODIUM 550MG, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) non-steroidal anti-inflammatory drugs Page(s): 67-68.

Decision rationale: The request for Naproxen sodium 550mg #60 with 1 refill is not medically necessary. The injured worker has been on Naproxen since at least 10/01/2013. The Chronic Pain Medical Treatment Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The injured worker has been on Naproxen for longer than 90 days and her pain scale remains at 8-9/10 despite other treatments to relieve her pain. The efficacy of the medication was unclear within the provided documentation. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE/FLEXERIL 7.5MG, #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain Page(s): 63.

Decision rationale: The request for cyclobenzaprine/flexeril 7.5mg, #30 with 1 refill is not medically necessary. The injured worker has been taking this medication since at least 10/01/2013. The Chronic Pain Medical Treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The injured worker has been taking this medication for over 90 days and there has been no clear documented improvement. Flexeril is recommended as a short term treatment. Therefore, the request is not medically necessary.

OMEPRAZOLE/PRILOSEC 20MG, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms And Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) non-steroidal anti-inflammatory drugs,GI Symptoms & Cardiovascular Page(s): 68.

Decision rationale: The request for Omeprazole/Prilosec 20mg, #60 with 1 refill is not medically necessary. The injured worker has been taking this medication along with her NSAIDS. The Chronic Pain Medical Treatment guidelines recommend clinicians determine usage if the injured worker is over 65 years of age, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). It does not appear the injured worker is at risk for gastrointestinal events and the requesting provider did not indicate the injured worker had significant gastrointestinal symptoms. It did not appear the injured worker had a history of GI bleed, peptic ulcer, or perforation. Therefore, this request is not medically necessary.

CERVICAL INTRALUMINAL EPIDURAL STEROID INJECTION C6-7 (X2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid Injections (ESIS).

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

Decision rationale: The request for cervical intraluminal epidural steroid injection C6-7 (x2) is not medically necessary. The injured worker has not been diagnosed with radiculopathy and she has failed conservative care. The Chronic Pain Medical Treatment guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The purpose of an epidural steroid injection 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. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. The injured worker has failed conservative care in regards to her pain and function; however, there was a lack of documentation indicating significant findings of radiculopathy upon physical examination. The neurological examination performed by the chiropractor listed decreased sensation to the C6 and

C8 dermatomes to the left arm, motor strength 4/5 to entire left arm, and bilateral hyporefexic upper extremities; there was a lack of documentation of symptomatology to the right side. The request indicate two injections, the efficacy of a second injection would need to be established after the first injection. Therefore, the request is not medically necessary.