

Case Number:	CM14-0127679		
Date Assigned:	08/15/2014	Date of Injury:	11/05/2008
Decision Date:	09/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 11/5/08. A utilization review determination dated 7/17/14 recommends non-certification of cervical ESI, lumbar MBBs, orthopedic consultation, neurology consultation, and Zofran. It noted that, while the provider reported that the last ESI on 6/24/11 was beneficial for multiple months, a review of the records indicate an initial pain relief of 70%, it lasted for 3 weeks with 40% and was not beneficial in reducing the medication intake. Medial branch block was non-certified as there was evidence of lumbar radiculopathy. Orthopedic consultation was non-certified as it was recently certified on 6/1/14 and therefore was a redundant request. Neurology consultation was non-certified as the patient had attributed the headaches to the neck pain, a neurologist had previously been consulted and recommended no treatment, and no red flags or indications that the headaches were associated with any neurological symptoms were noted. Zofran was non-certified as there were no complaints of vomiting or a history of gastroenteritis. 7/9/14 medical report identifies that the patient has had "several severe headaches, approximately once a month, which lasting 2-3 days which she attributes to neck pain." There is left-sided neck pain 5/10 and low back pain 6/10. With the headache episodes, the patient rates her neck pain 10/10. Increased pain beginning below the neck with radiating to the left shoulder blade. On exam, there is paraspinal tenderness, decreased ROM, decreased sensation left C5-8 and L3-S1. Motor exam 5-/5 left deltoid, biceps, wrist extensors and flexors, 4+/5 left tibialis anterior, EHL, inversion, eversion, and plantar flexion. Recommendations include cervical ESI and lumbar MBBs, continuation with orthopedics, neurology consultation as headaches have been getting worse and they are beyond the provider's scope of practice, and medications through her PCP including Vicodin ES and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intralaminar epidural steroid injection with catheter placement at c7-T1 to target C3-4, C4-5 and C5-6 levels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 127.

Decision rationale: Regarding the request for cervical epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the records suggest pain relief for only 3 weeks from prior injection in 2011 with no indication of functional improvement or decreased medication usage. Currently, there is no clear corroboration of radiculopathy between subjective, objective, and imaging findings. In light of the above issues, the currently requested cervical epidural steroid injection is not medically necessary.

1 Diagnostic medial branch block left L3-4, L4-5 and L5-s1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. Official Disability Guidelines (ODG) state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there is an abnormal sensory examination as well as other radicular findings in the form of weakness in multiple dermatomes. In light of the above issues, the currently requested lumbar medial branch blocks are not medically necessary.

1 Consultation with specialist to take over general orthopedic care including possible hip surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Regarding the request for orthopedic consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, while there may be an indication for orthopedic consultation, the records suggest that an orthopedic consultation was recently certified and an additional consultation would be redundant. In light of the above issues, the currently requested orthopedic consultation is not medically necessary.

1 Neurology consultation for headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back pain (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Regarding the request for neurology consultation for headaches, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the provider noted recently increased headaches that the patient rated as a pain level of 10/10. The records suggest that the patient may have seen a neurologist at some time in the past and she attributes her headaches to her neck pain, but given the recent increase in headaches and the evaluation of same being outside of the provider's scope of practice, another neurology consultation appears appropriate at this time. In light of the above, the currently requested neurology consultation for headaches is medically necessary.

Zofran 4mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zofran (Ondansetron).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6 Chronic Pain, Antiemetics Official Disability Guidelines (ODG), Zofran (Ondansetron).

Decision rationale: Regarding the request for Zofran, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. Official Disability Guidelines (ODG)

states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no recent complaints of nausea or vomiting. In the absence of such documentation, the currently requested Zofran is not medically necessary.