

Case Number:	CM14-0130779		
Date Assigned:	08/20/2014	Date of Injury:	06/10/2013
Decision Date:	10/01/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 Nevada. 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 records presented for review indicate that this 57-year-old female was reportedly injured on June 10, 2013. The mechanism of injury is noted as repetitive motion. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of neck pain radiating to the upper extremities. The physical examination demonstrated decreased range of motion and spasms of the cervical spine. There was a positive Spurling's test radiating to the bilateral upper extremities and decreased sensation at the bilateral C5 and C6 dermatomes. Examination of the shoulders noted tenderness at the rotator cuff area, the subacromial region, the AC joint, and the periscapular region there was a positive bilateral empty can test and decreased shoulder range of motion. Diagnostic imaging studies of the cervical spine revealed a disc osteophyte complex at C5 - C6 and C6 - C7 both with mild neural foraminal stenosis. Upper extremity nerve conduction studies were normal. Previous treatment includes physical therapy, acupuncture, and oral medications. A request had been made for Tylenol #3 and a left sided C5 - C6 and C6 - C7 epidural steroid injection and was not certified in the pre-authorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78; 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Tylenol with Codeine is a short acting opiate indicated for the management of mild to moderate pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Tylenol #3 is not medically necessary.

Left C5-C6 bilateral and C6-C7 transforaminal epidural steroid Qty: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are abnormal neurological findings on physical examination, however there are no signs of nerve root involvement on the cervical spine MRI and nerve conduction studies of the upper extremities were normal. Considering this, the request for cervical spine epidural steroid injections at C5 - C6 and C6 - C7 is not medically necessary.