

<b>Case Number:</b>	CM14-0150982		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Emergency 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 injured worker is a 45 year-old female who sustained an injury on February 19, 2013. The mechanism of injury is not noted. Diagnostics have included: March 20, 2013 Cervical MRI reported as showing disc herniations at C5-6 and C6-7 and mild cervical canal compromise at C6-7. Treatments have included: medications, home exercise, physical therapy, chiropractic. The current diagnoses are: cervical disc disease and radiculopathy, bilateral shoulder impingement, left lateral epicondylitis. The stated purpose of the request for 1 prescription of Norco 10/325mg #90 was for pain relief. The request for 1 prescription of Norco 10/325mg #90 was denied on August 12, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for 1 bilateral C5-C6 and C6-C7 transfacet ESI was for diagnostic purposes to improve participation in rehabilitation. The request for 1 bilateral C5-C6 and C6-C7 transfacet ESI was denied on August 12, 2014, citing a lack of documentation of imaging evidence of frank nerve root compromise. Per the report dated August 15, 2014, the treating physician noted complaints of neck pain with radiation to both upper extremities with numbness and tingling. Exam findings included reduced dermatomal sensation at C6-7 and reduced muscle strength to the elbow extensor, wrist extensors bilaterally along with related reduced reflexes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C5-C6 and C6-C7 transfacet ESI (Epidural Steroid Injection): 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 injections (ESIs) Page(s): 46.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, page 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has neck pain with radiation to both upper extremities with numbness and tingling. The treating physician has documented reduced dermatomal sensation at C6-7 and reduced muscle strength to the elbow extensor, wrist extensors bilaterally along with related reduced reflexes. However, there is no electrodiagnostic confirmation of radiculopathy, and the imaging study shows disc herniations but insufficient evidence of nerve root compromise. The criteria noted above not having been met, bilateral C5-C6 and C6-C7 transfacet ESI, is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute and Chronic); Long term use of Opioids (6 mos or more)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78-80, 80-82.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain with radiation to both upper extremities with numbness and tingling. The treating physician has documented reduced dermatomal sensation at C6-7 and reduced muscle strength to the elbow extensor, wrist extensors bilaterally along with related reduced reflexes. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. Therefore, the request for Norco 10/325mg #90 is not medically necessary.