MAXIMUS Federal Services

Case Number:	CM14-0185691		
Date Assigned:	11/13/2014	Date of Injury:	12/31/2013
Decision Date:	12/30/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 applicant is a represented [redacted] employee, who has filed a claims for neck and mid back pain reportedly associated with an industrial injury of December 31, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claims; and opioid therapy.In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for a cervical epidural steroid injection, a thoracic epidural steroid injection, Norco and Flexeril. The claims administrator stated that its decision was based on a progress note of October 28, 2014 and an associated RFA form of October 24, 2014.The applicant's attorney subsequently appealed.In an October 21, 2014 consultation, the applicant reported ongoing complaints of shoulder, neck and mid back pain. The applicant's neck pain is reportedly severe. 9/10 pain was noted. There was radiation of pain and weakness about both hands. The applicant was status post gastric bypass surgery. The applicant was on albuterol, Phenergan, and Prilosec. The applicant was still smoking. The applicant was not working or receiving disability benefits, it was acknowledged. The attending provider referred to a cervical MRI of July 27, 2014, demonstrating a 9 mm disk protrusion at C5-C6 indenting the thecal sac and a thoracic MRI of July 27, 2014, also demonstrating a prominent T7-T8 disk protrusion. Shoulder MRI imaging of July 12, 2014, demonstrated moderate-to-severe tendonosis of multiple tendons and osteoarthritis of the acromioclavicular joint. Limited shoulder range of motion was noted with positive signs of internal impingement appreciated. A positive right-sided Spurling maneuver and decreased sensorium were appreciated about the left thumb. A cervical epidural steroid injection and a thoracic epidural steroid injection were sought. Norco and Flexeril were prescribed while the applicant was placed off of work, on total temporary disability. The applicant was asked to try and cease smoking. It was not stated

whether these medications requests were first-time requests or renewal requests.In a November 4, 2014 appeal letter, the attending provider suggested that the applicant receive a spine surgery consultation and electrodiagnostic testing on the grounds that the applicant had large disk herniations of both the cervical and thoracic spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI (epidural steroid injection) at C6-7: 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 Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the purposes of the epidural steroid injection therapy is to facilitate progress in more active treatment programs in an effort to avoid surgery. In this case, however, the requesting provider suggested that the applicant had a large, high-grade disk herniation of 9 mm about the cervical spine. The requesting provider went on to seek a spine surgery consultation owing to the large nature of the disk herniation at issue. It does not appear, thus, that the applicant is intent on employing cervical epidural steroid injection therapy in an effort to avoid surgery. The request, thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

Thoracic ESI at T7-8: 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 Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the primary goals of epidural steroid injection therapy is to facilitate progress in more active treatment programs in an effort to avoid surgery. Here, however, the attending provider seemingly subsequently recanted the request for epidural steroid injection therapy and went on to pursue a spine surgery consultation, citing high-grade disk herniations of the cervical and thoracic spines. It does not appear, thus, that the applicant is intent on employing epidural steroid injection therapy in an effort to avoid surgery. Therefore, the request is not medically necessary.

Norco 10/325mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen Page(s): 91.

Decision rationale: The request in question appears to represent a first-time request for Norco, initiated on October 20, 2014. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Norco are indicated in the treatment of moderate to moderately severe pain. The applicant did report complaints of 8 to 9/10 pain on or around the date in question. Introduction of Norco was, consequently, indicated on October 20, 2014. Therefore, the request was medically necessary.

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, using an opioid agent, Norco. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request was not medically necessary.