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| Case Number: | CM14-0020984 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 10/10/2008 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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 Illinois. 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 58 year old female with a reported date of injury on 10/10/2008. The mechanism of injury was reported as caused by repetitive motion. The injured worker complained of neck pain, midback and bilateral shoulder pain. The injured worker rated her pain at 8/10. The injured worker's diagnoses included cervical radiculopathy, cervical spondylosis and thoracic spondylosis. The injured worker had decompression for carpal tunnel syndrome of her right hand in 2011. According to clinical note dated 12/06/2013 the injured worker had a history of numbness and weakness in the upper extremities. The injured worker's range of motion was flexion to 20 degrees, extension to 10 degrees, and lateral rotation to 30 degrees bilaterally. According to the clinical note dated 02/21/2014 the injured worker's neck range of motion was flexion to 20 degree, extension to 10 degrees, and lateral rotation to 30 degrees bilaterally. Although, the clinical documentation provided states she has been taking opioids for two years, the medication regimen is not provided. The request for authorization for Ultracet, MRI of the cervical spine, and cervical epidural steroid injections was submitted on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 7-8, 74-78.

Decision rationale: According to the CA MTUS guidelines ongoing management of opioid use should include the lowest possible dose to improve pain and function; as well as ongoing review and documentation of pain relief, functional status and appropriate medication use. In addition the use of medications in the treatment of pain requires a thorough understanding of the mechanism underlying the pain. The physician should tailor medication and dosages to the injured worker. In addition the physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. The request lacks proper prescription directions; in addition the clinical documentation available for review lacks objective evidence of increased functional improvement related to previous use of Ultracet. The request for Ultracet #90 is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to ACOEM guidelines MRIs are to evaluate red-flag diagnoses. MRIs validate diagnosis of nerve root compromise, based on clear history and physical examination findings. An MRI can also be used in preparation for invasive procedures. In addition, the clinical documentation provided did not show a clear history of physical examination findings. According to the documentation provided the injured worker has shown no red-flag changes in her physical or functional status. Therefore, the request for MRI of the cervical spine is not medically necessary and appropriate.

CERVICAL EPIDURAL STEROID INJECTION: 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 EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: According to the CA MTUS guidelines ESIs are recommended as an option for treatment of radicular pain. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and facilitating progress in more active treatment programs. Radiculopathy must be documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. The clinical documentation provided lacks physical exams and imaging studies to corroborate the finding of radiculopathy. In addition, the level(s) of the cervical spine that the ESI is being requested for is unclear. Therefore, the request for cervical epidural steroid injection is not medically necessary and appropriate.

