MAXIMUS Federal Services

Case Number:	CM14-0032811		
Date Assigned:	06/20/2014	Date of Injury:	08/25/2008
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 injured worker is a 63-year-old male injured on August 25, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 29, 2014, indicated that there were ongoing complaints of chronic low back pain, neck pain and shoulder pain. The injured employee is status post an anterior cervical discectomy and fusion. The physical examination demonstrated diffuse tenderness throughout the lumbar paraspinal musculature and decreased range of motion of the cervical spine. There was somewhat decreased sensation in the left thumb. Diagnostic imaging studies objectified a previous C6-C7 anterior fusion and broad based disc bulges at the C3-C4 as well as C5-C6 level and bilateral neuroforaminal narrowing at C4-C5. There was a request for a repeat C5-C6 epidural steroid injection, and Tramadol and Xanax were continued. Previous treatment included epidural steroid injections and the use of the dorsal column stimulator, which was found to be helpful for his low back pain. A request for Tramadol and a C5-C6 epidural steroid injection was not certified in the pre-authorization process on February 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 INTRALAMINAR EPIDURAL STEROID INJECTION: Overturned

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESIs) are intended as a treatment option for individuals with radicular pain, and this radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The previous utilization management review stated that the radicular pain pattern was not detailed. In the medical note dated January 29, 2014, the injured employee complained of radicular symptoms. There was decreased sensation in the left thumb region, and there were bilateral foraminal cysts at the C4-C5 level on MRI. Additionally, a previous epidural steroid injection performed one year ago was stated to have provided excellent results. For these reasons, this request for a cervical spine epidural steroid injection is medically necessary.

TRAMADOL 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol Page(s): 74-82; 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to the submitted medical records, the injured employee has been taking Tramadol for quite a while; however, there has been no documentation of objective pain relief, functional improvement or increased ability to perform activities of daily living with this medication. Additionally, there has been no discussion of side effects or potential abuse or aberrant behavior. For these reasons, this request for tramadol is not medically necessary.