

Case Number:	CM14-0038786		
Date Assigned:	06/27/2014	Date of Injury:	05/25/2008
Decision Date:	08/14/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/02/2014

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 & Rehabilitation and has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of May 25, 2008. A Utilization Review was performed on March 4, 2014 and recommended non-certification of 1 transforaminal cervical epidural injection site C5-C6 and 60 Celebrex 100 mg with 1 refill. A Visit Note dated February 17, 2014 identifies Subjective Complaints of chronic progressive pain in her neck, right shoulder, right elbow, and right hand and wrist. Objective Findings identify cervical spine range of motion is restricted. Motor strength of grip is 3+/5 on the right, wrist flexors are 4/5 on the right, wrist extensors are 4/5 on the right, elbow flexors are 4/5 on the right, elbow extensors are 4+/5 on the right and shoulder flexors are 4+/5 on the right. Light touch sensation is decreased over the C5 and C6 upper extremity dermatomes on the right side. Diagnoses identify cervical radiculopathy, carpal tunnel syndrome, lateral epicondylitis, and shoulder pain. Treatment Plan identifies she received cervical epidural steroid injections which did provide mild relief that lasted for a few weeks. Request authorization for cervical transforaminal epidural steroid injection at the right C5 and C6 levels. Agree with the current use of medication including Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Cervical Epidural injection Site C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs) Page(s): 26 and 46 of 127.

Decision rationale: Regarding the request for 1 Transforaminal Cervical Epidural injection Site C5-C6, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. ODG states repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no documented of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks after the previous injections. In the absence of such documentation, the currently requested 1 Transforaminal Cervical Epidural injection Site C5-C6 is not medically necessary.

60 Celebrex 100mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22 and 30 of 127 Page(s): 22 and 30 of 127.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Celebrex is not medically necessary.