

Case Number:	CM14-0039150		
Date Assigned:	06/27/2014	Date of Injury:	06/02/2010
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with a date of injury of 06/02/2010. According to this report, the patient complains of neck pain that radiates down the bilateral upper extremities, left greater than the right. The patient's pain is accompanied by numbness constantly in the bilateral upper extremities to the level of the hands. The neck pain is associated with headaches as well. The pain is aggravated by flexion, extension, and repetitive head motions. The patient also reports low back pain radiating down the bilateral lower extremities that is aggravated by activity and walking. He also reports pain in the left elbow. The patient states that with medications his pain level is 4/10. Without medication, it is 6/10. The patient reports limited activities of daily living with self-care, hygiene, activity, ambulation, hand functions, sleep and sex. The patient reports that the use of current H-2 blocker, and NSAID, pain medication is helpful. He also complains of gastrointestinal upset due to medication ketoprofen. The physical exam shows the patient is well nourished, well developed, oriented, in moderate distress. The patient's gait is slow. There is tenderness noted in the bilateral paravertebral area upon palpation. The range of motion of the cervical spine was moderately limited due to pain. Pain was significantly increased with flexion, extension, and rotation. Sensory examination shows decreased sensation bilaterally in the affected dermatome C5-C6. In the same report, the treater referenced an MRI of the cervical spine dated 03/05/2011 showing a 4-mm broad posterior left paramedian disk protrusion indenting the left cord with moderate left greater than right neuroforaminal stenosis at C4-C5 and 10 mm left greater than right bulge with ridging and mild to moderate foraminal stenosis at C5-C6. The utilization review denied the request on 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral CESI C4-6: 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 The Expert Reviewer based his/her decision on the MTUS Epidural steroid injections (ESIs) pages 46-47 Page(s): 46-47.

Decision rationale: This patient presents with neck pain and upper extremity pain. The physician is requesting a bilateral cervical epidural steroid injection at C4-C6. The MTUS Guidelines page 46 and 47 on epidural steroid injection recommends this as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings on MRI). Furthermore, no more than 2 nerve root levels should be injected using transforaminal blocks. Also, in the therapeutic phase, repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, the general recommendation of no more than 4 blocks per region per year. The operative report dated 05/17/2012 shows selective catheterization at C4-C6 epidural space with infusion port and myelogram with the infusion of a local anesthetic and corticosteroid. The report dated 02/28/2014 documents that the patient received a positive response to a cervical epidural steroid injection in 2012 reporting 50% pain relief, reduction of medication and improved range of motion for over 2 months. In this case, the patient presents sensory deficits in the C5-C6 dermatome corroborated by the imaging studies from 2012 showing disk protrusion and stenosis at C4-5 and C5-6. The physician recalls that the patient has had 50% relief of symptoms following injection from 2012, but this could not be verified due to lack of reports from 2012. The current request for injections at 4 levels, or bilaterally at C4-6 is not supported by MTUS. For transforaminal injections, no more than two nerve root levels are recommended. If the request is for interlaminar injection, there would be no need for bilateral at multiple levels. Furthermore, the patient presents with diffuse numbness in the arms and does not have dermatomal distribution of pain/paresthesia that corresponds to C5 or C6 nerve roots. Therefore, the request for bilateral CESI C4-6 is not medically necessary.

Senokot 8.6/50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS Opioids Page(s): 77.

Decision rationale: This patient presents with chronic neck pain. The physician is requesting Senokot. The MTUS Guidelines page 77 on criteria for use of opioids under initiating therapy states that prophylactic treatment of constipation should be initiated when opioids are being prescribed. The report dated 02/28/2014 documents that the patient complains of gastrointestinal

upset due to ketoprofen use. In addition, the patient's medication lists include senna, tramadol, Protonix, ketoprofen, atorvastatin, lisinopril, and vitamin D2. In this case, MTUS supports the prophylactic use of constipation medications for patients who are on opiates. Therefore, the request for Senokot 8.6/50mg #60 is medically necessary.