

Case Number:	CM14-0088661		
Date Assigned:	07/23/2014	Date of Injury:	02/28/2002
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 records, presented for review, indicate that this 45-year-old female was reportedly injured on 2/28/2012. The mechanism of injury was noted as moving a box. The most recent progress note, dated 5/14/2014, indicated that there were ongoing complaints of chronic neck pain that radiated into the bilateral upper extremities. The physical examination demonstrated cervical spine decreased range of motion with pain. Bilateral shoulders range of motion decreased with pain. Positive bilateral cubital tap test left greater than right. She had a positive Tinel's test on the left and a positive cubital tap test on the left. There was bilateral tenderness to palpation at the upper condyle with the right shoulder having a positive impingement test. The right hand grip test was 4/5, the right triceps 4/5 and the deltoid was 4-/5 bilateral. No recent diagnostic studies were available for review. Previous treatment included previous injections, physical therapy, and medications. A request had been made for epidural steroid injection cervical spine at level C5-C6, Norco 10/325 mg #240 and was deemed not medically necessary in the pre-authorization process on 6/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural steroid injection at level C5-C6.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented and corroborated by imaging or electro diagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was insufficient clinical evidence that the proposed procedure met the MTUS guidelines. Specifically, there was no documentation of at least a 50% improvement from previous injections. As such, the requested procedure is deemed not medically necessary.

Norco 10/325 mg, 240 count.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic neck pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.