

Case Number:	CM14-0196822		
Date Assigned:	12/04/2014	Date of Injury:	06/07/2013
Decision Date:	01/15/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 57 year old female presenting with a work related injury on 06/07/2013. MRI of the cervical spine showed mild diffuse discogenic disease with 2-3mm posterior disc bulges extending from C3-T1 causing mild effacement of the thecal sac; mild foraminal narrowing on the right at C4-5; mild bilateral neural foraminal narrowing at C5-6; mild neural foraminal narrowing on the left at C6-7 and straightening of the cervical lordosis likely related to muscle spasms. MRI of the upper extremity, left revealed rotator tendinopathy without discrete tear; mild acromioclavicular joint hypertrophy. EMG/NCV was normal. The physical exam showed cervical spine positive forearm compression test with pain in the left and right position, positive spurling's test and left position, limited range of motion bilaterally; forward flexion 35 and extension 35; lumbar spine palpable tenderness in the right side paraspinal muscles and right buttocks; right knee mild effusion and tenderness in the patellofemoral region. The patient was diagnosed with left shoulder contusion/sprain, lumbosacral sprain/strain, cervical sprain/strain, and contusion of left hip and left leg. The patient has tried placement of temporary cervical epidural catheter for administration of epidural corticosteroids with epidurography and interpretation under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-6 Cervical Epidural Steroid Injection under Fluroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Left C5-6 Cervical Epidural Steroid Injection under fluoroscopy is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." There is lack of documentation of at least 4-6 weeks of failed conservative therapy including with physical therapy and medications including anti-inflammatory medications. Additionally, there was documentation of a placement of a cervical epidural catheter for corticosteroids but there was no documentation of a quantifiable response to the procedure; therefore, the requested services is not medically necessary.

Soma 350 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

Decision rationale: Soma 350mg #120 are not medically necessary. Ca MTUS states that Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant and his primary active metabolite is meprobamate (schedule for controlled substances).

Restoril 15 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 29.

Decision rationale: Restoril 15mg #30 is not medically necessary for long term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. Ca MTUS page 24 states that "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. They're ranging actions include sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increasing anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Additionally, if this patient is using this medication for insomnia, it is not medically necessary.