

Case Number:	CM15-0002775		
Date Assigned:	02/13/2015	Date of Injury:	12/11/2012
Decision Date:	04/01/2015	UR Denial Date:	12/14/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56-year-old female who sustained an industrial injury on 12/11/12. She is currently experiencing continued cervical pain, right shoulder pain. Medications include hydrocodone, Motrin and Naproxen. Diagnoses are status port right carpal tunnel release, right ulnar nerve release; right shoulder tendinitis impingement; herniated cervical disc with radiculitis/ radiculopathy; left hand strain/ sprain; status post prior work related slip and fall with low back, right leg residuals 6 years ago. Treatments to date include medications, physical therapy, and rest. Diagnostics included x-rays of the right and left wrist, right and left hand and right shoulder, which were unremarkable; x-ray of the thoracic spine showing possible myospasm; abnormal cervical spine x-rays. In addition, abnormal MRI of cervical spine right shoulder (9/5/14). In the progress note dated 12/2/14 the treating provider requested cervical epidural steroid injection at C4-5 and C5-6 with epidurogram because of worsening pain in the cervical spine that has been refractory to conservative care including physical therapy, medications and rest. The injured worker has proven radiculopathy on clinical exam. Tramadol or pre-operative labs were not addressed in the documents reviewed. On 12/11/12 Utilization Review non-certified the requests for C4-5 Cervical epidural steroid injection with epidurogram; C5-6 Cervical epidural steroid injection with epidurogram; Tramadol 50 mg # 120 and Pre-op PTT citing MTUS/ACOEM: Chapter 8; MTUS: Chronic Pain Medical treatment Guidelines; MTUS: Pre-op Clearance respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 cervical epidural steroid injection with epidurogram, Qty: 1: Upheld

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

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

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Concerning medical imaging, there is no evidence of cervical nerve root compression on MRI. EMG/NCV show chronic C7 axonal loss. The medical documents provided do not provide evidence of cervical radiculopathy. As such, the request for C4 -5 Cervical epidural steroid injection with epidurogram is not medically necessary.

C5-6 cervical epidural steroid injection with epidurogram, Qty: 1: Upheld

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

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

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) Epidural steroid

injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Concerning medical imaging, there is no evidence of cervical nerve root compression on MRI. EMG/NCV show chronic C7 axonal loss. The medical documents provided do not provide evidence of cervical radiculopathy. As such, the request for C5-6 Cervical epidural injection with epidurogram is not medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94; 78; 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. This patient is also on another short acting opioid. As such, the request for tramadol 50mg #120 is not medically necessary.

Pre-op lab; PTT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Committee on Standards and Practice Parameters and American Society of Anesthesiologists Task Force on Preanesthesia Evaluation, Practice advisory for Preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*. 2012 Mar;116(3):522-38.

Decision rationale: MTUS ODG silent on pre-operative laboratory testing. The American Society of Anesthesiologists recommends against routine preoperative laboratory testing in the absence of clinical indications. This request was modified to approve CBC and Chem profile due to medications the patient is on which is reasonable. As such, the request for Pre-Op Lab: Complete metabolic panel, CBC w/Diff, PTT, TSH, UA is not medically necessary.