

Case Number:	CM15-0103025		
Date Assigned:	06/05/2015	Date of Injury:	12/19/1997
Decision Date:	07/14/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 a 69 year old female, who sustained an industrial injury on 12/19/97. The injured worker was diagnosed as having C5-6 radiculopathy and L2-3 stenosis. Treatment to date has included oral medications including Norco and Gabapentin; acupuncture, laminectomy, transforaminal epidural steroid injections, spinal cord stimulator, physical therapy and home exercise program. Currently, the injured worker complains of increased neck pain with radiation down both arms and right hand feels weak; she has difficulty carrying objects. Physical exam noted restricted cervical range of motion, pain on palpation of central cervical and cervical paraspinal pain. The treatment plan included request for cervical epidural injection under sedation, random drug screen, continuation of current medications and gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Steroid Injection at C5/6 with epidural catheter: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: According to MTUS, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... based on the following criteria: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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." From my review of the records the IW has both subjective exam evidence and physical exam evidence of radiculopathy that has not improved with conservative therapy and would benefit from an epidural injection. Consequently, the requested epidural steroid injection is medically necessary.

Pre-op medical clearance with an internal medicine specialist to include: H&P, EKG, Chest X-ray and labs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Surgery General Information Page(s): 92-93.

Decision rationale: Considering the IWs advanced age and multiple medical co-morbidities, the requested pre-op medical clearance is medically necessary. The peer-reviewer determined that since in their opinion the ESI was not appropriate than therefore the pre-op is also not supported. As listed above I opine that ESI is medically necessary at this time.

1 Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Gym memberships (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back. Gym membership.

Decision rationale: According to ODG, CA MTUS and ACOEM are silent, gym membership is "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals". According to my review of the records, there is no indication that a home exercise program has been attempted and been non-effective, additionally there is no documentation of a specific need for gym equipment for rehabilitation. The request for gym membership does not outline a monitored treatment program that is administered by medical professionals. Consequently, the provider's request for a gym membership does not meet the cited guidelines. Therefore, the request is not medically necessary.

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. Additionally, it is not recommended as a first line agent for chronic pain. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary. Therefore, the request is not medically necessary.