

Case Number:	CM15-0130029		
Date Assigned:	07/16/2015	Date of Injury:	02/20/2015
Decision Date:	09/10/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on February 20, 2015. She reported neck, bilateral shoulders, low back and left thigh pain. The injured worker was diagnosed as having cervical degenerative disc disease and lumbar strain/sprain. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications, lumbar support and work restrictions. Currently, the injured worker complains of continued neck, bilateral shoulders, low back and left thigh pain with associated right arm weakness and decreased range of motion in the cervical spine with motor sensory deficits in the right upper extremity. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 29, 2015, revealed continued pain as noted. She rated her neck pain at 7 on a 1-10 visual analog scale (VAS) with 10 being the worst, right shoulder at 5, left shoulder at 4 and low back at 7 on the 1-10 VAS. Medications were continued. Evaluation on June 3, 2015, revealed continued pain as noted with associated symptoms. Magnetic resonance imaging (MRI) of the lumbar spine revealed minimal leftward curvature of the lumbar spine and an otherwise normal study. Cervical spine MRI revealed mild annular disc bulges at the cervical 3-4 and cervical 6-7 levels with no associated spinal stenosis or neural compression. Norco, Robaxin and Ibuprofen were continued. A cervical epidural steroid injection and a soft lumbar brace were recommended. She returned to modified work on June 10, 2015. The pain continued and she was noted to have a positive Spurling's test with radicular findings to right shoulders and positive trigger points. Straight leg raise test was positive and heel walking was noted as difficult.

Ultracet 37.5/325mg #60, cervical epidural steroid injection at the cervical 5-7 level, a urine pregnancy test and post-operative physical therapy 3x weekly x4 weeks were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection, C5-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guidelines: Radiculopathy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Epidural steroid injections (ESIs).

Decision rationale: This requested treatment for Epidural steroid injections (ESIs) is evaluated in light of the CA MTUS and the Official Disability Guidelines (ODG) recommendations. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing with home exercise. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement of radicular lumbosacral pain, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendations for use of epidural steroid injections to treat radicular cervical pain. ODG criteria do not recommend additional epidural steroid injections, if significant improvement is not achieved with an initial treatment. The injured worker is diagnosed as having cervical degenerative disc disease with radiculopathy. However, there is no evidence of radiculopathy being corroborated by either imaging studies and/or electrodiagnostic testing. Based on the cited guidelines and the submitted documentation, the request for Cervical Epidural Steroid Injection, C5-C7 is not medically necessary.

Labwork-UA Urinalysis: 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 - Preoperative testing, general; 2014 ACC/AHA Guidelines: Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Noncardiac Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Peroperative lab testing.

Decision rationale: The California (CA) MTUS does not address pre-operative lab testing. According to the Official Disability Guidelines (ODG), preoperative lab testing is excessively ordered usually with little change in management. They note that testing should be guided by the individual's personal clinical history. Criteria for testing are pre-operative urinalysis (UA) if undergoing invasive urologic procedure, electrolyte and creatinine testing in individuals with electrolyte imbalances or renal failure, random glucose testing in individuals at high risk for diabetes and coagulation studies are reserved for individuals on blood thinners or with noted conditions predisposing them to bleeding. In this case, none of the noted criteria were documented. The request for preoperative urinalysis is not medically necessary.

Labwork-Pregnancy test: 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-Preoperative testing, general; 2014 ACC/AHA Guidelines: Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Noncardiac Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pre-operative lab testing.

Decision rationale: The California (CA) MTUS does not address pre-operative lab testing. According to the Official Disability Guidelines (ODG), preoperative lab testing is excessively ordered usually with little change in management. They note that testing should be guided by the individual's personal clinical history. Criteria for testing are pre-operative urinalysis (UA) if undergoing invasive urologic procedure, electrolyte and creatinine testing in individuals with electrolyte imbalances or renal failure, random glucose testing in individuals at high risk for diabetes and coagulation studies are reserved for individuals on blood thinners or with noted conditions predisposing them to bleeding. The ODG noted testing should be guided by the individual's clinical history. The individual is a female in childbearing years, but in this case, the procedure is not recommended. Therefore, the request for preoperative urinary pregnancy testing is not medically necessary.

Post operative Physical Therapy, 3 times wkly for 4 wks, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and manual therapy Page(s): 58.

Decision rationale: According to the California (CA) MTUS Guidelines six physical therapy visits over two weeks with noted objective functional improvement is recommended. There was no documentation or visit notes indicating previous physical therapy. The CA MTUS recommends the injured worker to complete up to 6 trial visits with objective improvements noted before continuing with additional physical therapy visits. The request will exceed the CA MTUS guideline recommendations. In addition, as the procedure is not recommended, therefore, Post operative Physical Therapy, 3 times wkly for 4 wks, 12 sessions is not medically necessary.

Ultracet 37.5/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS guidelines Ultracet is a centrally-acting synthetic opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was noted in the documentation use of the prescribed synthetic centrally acting opioid medication did not decrease the level of pain the injured worker reported. There was no noted functional improvement or improved pain from one visit to the next. The request for Ultracet 37.5/325 mg Qty 60 is not medically necessary.