

Case Number:	CM15-0131150		
Date Assigned:	07/17/2015	Date of Injury:	03/11/2008
Decision Date:	09/15/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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: Pediatrics, 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 53 year old female, who sustained an industrial injury on March 11, 2008. The injured worker was diagnosed as having shoulder joint pain, wrist arthralgia, hand arthralgia, cervical degenerative disc disease, cervical radiculitis, cervicgia, and shoulder adhesive capsulitis, disorders of the shoulder bursae and tendon, and hand/wrist tenosynovitis. Treatments and evaluations to date have included medication. Currently, the injured worker complains of left shoulder pain, headaches and neck pain. The Treating Physician's report dated June 17, 2015, noted the injured worker reported feeling her symptoms had worsened slightly since the previous examination, currently not working. The injured worker's current medications were listed as Ibuprofen, Lisinopril, Norco, Percocet, Spironolactone-Hydrochlorothiazide, Tramadol, and Voltaren gel. Physical examination was noted to show the cervical spine with stiff range of motion (ROM) and diffuse tenderness with spasm. The left shoulder was noted to have trapezius tenderness with spasm and slightly positive impingement test. The left wrist was noted to have diffuse tenderness and normal range of motion (ROM). The injured worker was noted to be temporarily totally disabled times six weeks. The treatment plan was noted to include home heat/ice as needed, topical analgesic ointment application as needed, strength and stretch home exercise program (HEP), over-the-counter (OTC) analgesic, anti-inflammatory medications as needed, a pain management consultation for consideration of a cervical epidural steroid injection (ESI), a left wrist splint, a neurology consultation for an electromyography (EMG)/nerve conduction velocity (NCV), and a cervical pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin Tab 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68, 70.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short-term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines note there is no evidence of long-term effectiveness for pain or function with use of non-steroid anti-inflammatory drugs. "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended." The injured worker was noted to have been using Motrin since at least November 2014, without documentation of improvement in pain, function, or specific activities of daily living (ADLs). The documentation provided failed to include an indication that there was a decrease in the injured worker's dependency on continued medical treatment with the use of the Motrin. The documentation provided did not include any laboratory evaluations or evidence of blood pressure monitoring. The requested prescription does not include the medication's instructions for use as a PRN (as needed) medication. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Motrin Tab 800mg #100. The request is not medically necessary.

Referral to pain management: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines notes referrals may be appropriate when the practitioner is uncomfortable when treating a particular cause or delayed recovery. The Physician requested a pain management referral for consideration of a cervical epidural steroid injection (ESI). As the cervical epidural steroid injection (ESI) is not medically necessary, the request for a referral to pain management is therefore also not medically necessary.

Outpatient cervical epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends epidural steroid injections (ESIs) as an option for treatment of radicular pain. The criteria for use of epidural steroid injections (ESIs) includes radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), injections should be performed using fluoroscopy (live x-ray) for guidance, no more than two nerve root levels should be injected using transforaminal blocks, and 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. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines note that "cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise". The documentation provided failed to include any documentation of imaging studies or electrodiagnostic studies to corroborate a diagnosis of radiculopathy, nor did the injured worker's complaints or physical examination provide substantial evidence of radiculopathy. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for an outpatient cervical epidural steroid injection. The request is not medically necessary.

Neurological consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 92, 178.

Decision rationale: The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines notes referrals may be appropriate when the practitioner is

uncomfortable when treating a particular cause or delayed recovery. The guidelines note that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Physician noted the request for a neurology consultation for an electromyography (EMG)/nerve conduction velocity (NCV) for the injured worker with a slightly worsened condition of complaints of neck pain, headaches, and shoulder pain. Physical examination was noted to show stiff range of motion (ROM) and diffuse cervical paravertebral tenderness with spasm, with the injured worker's diagnoses of cervical radiculitis, cervicgia, and cervical degenerative disc disease. The injured worker was noted to have neck symptoms for more than six months, without documentation of any imaging studies. At this time, a referral to neurology to evaluate for the need for an electromyography (EMG)/nerve conduction velocity (NCV) study is medically appropriate. Therefore, based on the guidelines, the documentation provided supported the medical necessity of the request for a neurological consultation. The request is medically necessary.