

Case Number:	CM15-0165334		
Date Assigned:	09/02/2015	Date of Injury:	05/09/2008
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male, who sustained an industrial injury on 5-9-2008. He reported cumulative injuries to the low back, neck, and eyes and psyche. Diagnoses include lumbar disc degeneration with facet hypertrophy and radiculopathy, lumbar muscle spasm, cervical disc degeneration and radiculopathy, thoracic sprain-strain, left eye injury with decreased visual acuity, and ventral hernia status post two repairs, anxiety and depression. Treatments to date include activity modification, medication therapy, trigger point injections, and epidural steroid injections noted to be successful in reducing pain. Currently, he complained of ongoing neck pain with radiation to bilateral upper extremities with numbness and tingling and mid back pain with radiation to bilateral lower extremities. On 6-1-15, the physical examination documented tenderness, decreased range of motion, to cervical, thoracic and lumbar spines. There was decreased sensation noted in the left upper extremity. The plan of care included requests to authorize Tramadol 50mg #60 and a cervical epidural steroid injection to C2-C3 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2008 and is being treated for radiating neck and back pain. An MRI of the cervical spine on 07/22/15 was negative for disc herniation, spinal stenosis, or foraminal compromise. When seen, he was having constant pain rated at 8/10. Physical examination findings included decreased spinal range of motion. There was lumbar tenderness with muscle spasms. Straight leg raising was positive bilaterally. There was decreased left upper extremity sensation from C6 to C8. Tramadol was refilled and authorization for a cervical epidural injection was requested. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

C2-C3 cervical epidural steroid injection: 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2008 and is being treated for radiating neck and back pain. An MRI of the cervical spine on 07/22/15 was negative for disc herniation, spinal stenosis, or foraminal compromise. When seen, he was having constant pain rated at 8/10. Physical examination findings included decreased spinal range of motion. There was lumbar tenderness with muscle spasms. Straight leg raising was positive bilaterally. There was decreased left upper extremity sensation from C6 to C8. Tramadol was refilled and authorization for a cervical epidural injection was requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased upper extremity sensation but recent imaging does not corroborate a diagnosis of cervical radiculopathy. The requested epidural steroid injection was not medically necessary.