

Case Number:	CM15-0189357		
Date Assigned:	10/01/2015	Date of Injury:	09/17/2014
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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, Indiana, 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:

This is a 34 year old male with a date of injury of September 17, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain, left shoulder sprain, and rotator cuff tear. Medical records dated June 3, 2015 indicate that the injured worker complains of a lot of pain down the left arm with associated numbness and tingling. A progress note dated July 23, 2015 notes subjective complaints of cervical spine, lumbar spine, and left shoulder symptoms. Per the treating physician (June 3, 2015), the employee has not returned to work. The physical exam dated June 3, 2015 reveals decreased muscle strength of the left shoulder, positive Spurling's on the left and decreased sensation down the C5 dermatome. The progress note dated July 23, 2015 documented a physical examination that showed tenderness and spasm of the cervical spine and decreased sensation to light touch and pinprick in the left upper extremity at the C6-7 dermatome. Treatment has included medications therapy (unknown type or number of sessions). The original utilization review (August 28, 2015) non-certified a request for a cervical epidural steroid injection and Gabapentin 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural injection under fluoroscopic guidance: 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 and Upper Back, Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical spine epidural steroid injection under fluoroscopy is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks. Etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical spine HNP 6/7; 2mm and 4/5 2mm; and an illegible third diagnosis. The date of injury is September 17, 2014. The request for authorization is August 21, 2015. The documentation in the treatment plan, IMR and request for authorization indicates a request for cervical epidural steroid injection times three. The medical record contains 27 pages. According to a first report dated July 22, 2015, the injured worker has ongoing neck pain, low back and right shoulder pain. Objectively, the clinical entry is illegible. Sensory examination states abnormal examination and reduced sensation to light touch/pinprick left upper extremity in dermatome C6/7. The guidelines recommend no more than two nerve root levels should be injected using transforaminal blocks. The treating provider documentation indicates three injections are to be given. There is no clear-cut documentation of the levels to be injected. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the treating provider is requesting a three level epidural steroid injection and no clear-cut documentation of the levels to be injected, cervical spine epidural steroid injection under fluoroscopy is not medically necessary.

Gabapentin 300mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #60 with 5 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are cervical spine HNP 6/7; 2mm and 4/5 2mm; and an illegible third diagnosis. The date of injury is September 17, 2014. The request for authorization is August 21, 2015. The documentation in the treatment plan, IMR and request for authorization indicates a request for cervical epidural steroid injection times three. The medical record contains 27 pages. According to a first report dated July 22, 2015, the injured worker has ongoing neck pain, low back and right shoulder pain. Objectively, the clinical entry is illegible. Sensory examination states abnormal examination and reduced sensation to light touch/pinprick left upper extremity in dermatome C6/7. There is no documentation of a start date for gabapentin. The medical record contains 27 pages and there is no documentation demonstrating objective functional improvement. The treating provider is requesting five additional refills. Five additional refills are not clinically indicated without evidence of objective functional improvement. Based on clinical information in the medical record peer-reviewed evidence-based guidelines no documentation of a start date or documentation demonstrating objective functional improvement and a request for five additional refills without evidence of ongoing objective functional improvement, Gabapentin 300 mg #60 with 5 refills is not medically necessary.