

Case Number:	CM15-0195351		
Date Assigned:	10/09/2015	Date of Injury:	09/30/2013
Decision Date:	12/11/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Emergency 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 48 year old female, who sustained an industrial injury on 9-30-13. The injured worker was diagnosed as having shoulder joint pain, wrist joint pain, cervical degenerative disc disease, cervical facet arthropathy and herniated cervical disc. Medical records (8-28-14 through 9-26-14) indicated right hand and wrist pain and left sided neck pain. The physical exam (8-28-14 through 9-26-14) revealed tenderness over the thumb CMC joint, normal right hand range of motion and "restricted" cervical range of motion. As of the PR2 dated 9-10-15, the injured worker reports 8 out of 10 pain in her neck and left shoulder. She indicated that Norco reduces pain from 8 out of 10 to 3 out of 10 and has approximately 2-3 hours of relief. Objective findings include a positive left side facet loading test, sensory deficits in C6-T1 and left upper extremity numbness. Current medications include Hysingla (previous prescription not provided), Soma and Norco (since at least 8-28-14). Treatment to date has included acupuncture in 2015 x 5 sessions, physical therapy to the wrist and hand in 2-2015 x 6 sessions, chiropractic treatments (number of sessions not provided), OxyContin and Percocet. The treating physician requested a cervical epidural steroid injection at C7-T1, a cervical MRI, a left shoulder MRI, Norco 10-325mg #120 and Hysingla 30mg #30. The Utilization Review dated 9-21-15, non-certified the request for a cervical epidural steroid injection at C7-T1, a cervical MRI, a left shoulder MRI, Norco 10-325mg #120 and Hysingla 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back (acute&chronic)/Epidural steroid injections (ESIs).

Decision rationale: The request is for an epidural steroid injection to aid in cervical pain relief. The official disability guidelines state the following regarding this issue: "Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below." In this case, an epidural steroid injection is not indicated. This is secondary to poor clinical evidence regarding sustained benefit. As such, the request is not medically necessary.

Cervical spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back complaints/MRI.

Decision rationale: The request is for an MRI. The ACOEM guidelines state that when there is physiological evidence of tissue insult or neurological deficits, consider a discussion with a consultant regarding the next steps including MRI imaging. An imaging study may be appropriate in patients where symptoms have lasted greater than 4-6 weeks and surgery is being considered for a specific anatomic defect or to further evaluate the possibility of serious pathology, such as a tumor. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. The ODG guidelines regarding qualifying factors for an MRI of the neck or upper back are as follows: Indications for imaging MRI (magnetic resonance imaging); Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; Known cervical spine trauma:

equivocal or positive plain films with neurological deficit; Upper back/thoracic spine trauma with neurological deficit. In this case, there is inadequate documentation in a change in neurologic status seen on exam. The records do not indicate new "red flags" which would warrant further imaging evaluation. Pending further information regarding new neurologic deficits, the request is not medically necessary.

Left shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)/MRI.

Decision rationale: The request is for an MRI of the shoulder. The Official Disability Guidelines state the following regarding the qualifying indications: Indications for imaging -- Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)In this case, this study is not indicated. This is secondary to inadequate documentation of qualifying indications as listed above. As such, the request is not medically necessary.

Norco 10/325mg #120: 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): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments." In this case, there is inadequate documentation of persistent functional improvement seen. "Functional improvement" means either 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 visit and a reduction in the dependency on continued medical treatment. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Hysingla 30mg #30: 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): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments." In this case, there is inadequate documentation of persistent functional improvement seen. "Functional improvement" means either 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 visit and a reduction in the dependency on continued medical treatment. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.