

Case Number:	CM15-0206615		
Date Assigned:	10/23/2015	Date of Injury:	10/15/2013
Decision Date:	12/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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: Anesthesiology

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 50 year old female, who sustained an industrial injury on 10-15-13. The injured worker was diagnosed as having cervical radiculopathy, cervical herniated nucleus pulposus and right shoulder pain. Subjective findings (5-11-15, 6-23-15, 7-21-15 and 8-18-15) indicated 9-10 out of 10 pain in the neck and right shoulder. The injured worker reports that the pain radiates into the right arm with burning pain and pins and needles. The treating physician noted the disability status as permanent and stationary. Objective findings (5-11-15, 6-23-15, 7-21-15 and 8-18-15) revealed decreased sensation in the right C7-C8 area and a positive Hawkin's and Neer's test in the right shoulder. As of the PR2 dated 9-14-15, the injured worker reported stabbing pain in the right shoulder, aching pain through the right arm down to the right wrist and worsening neck pain. She rates her pain 8 out of 10. Objective findings include decreased sensation in the right C7-C8 area and a positive Hawkin's and Neer's test in the right shoulder. Treatment to date has included physical therapy x 5 sessions and acupuncture x 1 session with no benefit, a C5-C6 interlaminar epidural steroid injection on 11-18-14 with 100% relief for 3 days, Gabapentin, Naproxen, Ultracet and Tramadol. The Utilization Review dated 10-2-15, non-certified the request for an interlaminar epidural steroid injection at C5-C6, a CBC, a CMP and a hepatic functional panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection at C5-6, QTY: 1.00: Upheld

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

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

Decision rationale: According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of cervical epidural steroid injections (CESIs) include radiculopathy that must be documented by physical exam and corroborated by imaging. According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as studies and/or electro-diagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESIs are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and at least 50% functional improvement for 6-8 weeks after the initial injection. In this case, the previous epidural steroid injection at C5-C6 decreased pain by 100% for only 3 days. Medical necessity for the requested service has not been established. The requested C5-C6 epidural steroid injection is not medically necessary.

LABS: CBC, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Pre-operative Lab Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the CA MTUS guidelines, package inserts for NSAIDS recommend periodic lab monitoring of Complete Blood Count (CBC) and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. The patient does not report any side-effects from medication use. There are no objective findings that indicate the need for lab studies. The medical records do not present a clinical rationale that establishes the requested laboratory studies are medically necessary. This request is not medically necessary.

LABS: CMP, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Pre-operative Lab Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The comprehensive metabolic panel, or chemical screen, (CMP) is a panel of 14 blood tests which serves as an initial broad medical screening tool. The CMP provides a rough check of kidney function, liver function, diabetic and parathyroid status, and electrolyte and fluid balance. In this case, there is no specific indication for the requested laboratory study. Medical necessity for the requested study has not been established. The requested lab studies are not medically necessary.

LABS: Hepatic functional panel, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Pre-operative Lab Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: There is no specific indication for the requested hepatic function blood tests. The patient is maintained on Gabapentin, Naproxen, and Ultracet. There are no subjective or objective findings to support the requested laboratory studies. Medical necessity for the requested studies has not been established. The requested laboratory studies are not medically necessary.