

Case Number:	CM15-0221996		
Date Assigned:	11/17/2015	Date of Injury:	09/24/2014
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/10/2015

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

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 51 year old female, who sustained an industrial-work injury on 9-24-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy and chronic pain. Treatment to date has included pain medication, Tramadol discontinued due to limited response, Ibuprofen since at least 5-12-15, cervical epidural steroid injection (ESI) 5-15-15 with minimal overall improvement (5-20 percent), physical therapy (unknown amount), work modifications and other modalities. The physician indicates that Magnetic resonance imaging (MRI) of the cervical spine dated 7-29-15 reveals disc protrusion C5-6 with no stenosis and mild central posterior disc protrusions C4-5 and C6-7 with no impingement. Medical records dated 9-28-15 indicate that the injured worker complains of neck pain that radiates down the right arm with numbness and tingling in the right upper extremity. The pain is increased since the last visit from 4 out of 10 to 7 out of 10 on average with medications and from 6 out of 10 to 8 out of 10 on average without medications. The medical records do not indicate decreased pain, increased level of function or improved quality of life. Per the treating physician report dated 9-28-15 the injured worker is working full time with restrictions. The physical exam reveals cervical spine tenderness C5-7 and tenderness in the right paravertebral C4-7 area. There are myofascial trigger points with twitch response in the right trapezius muscle. The range of motion of the cervical spine is moderately limited due to pain. The sensory exam shows decreased touch sensation in the right upper extremity with affected dermatome C7. The physician indicates that the injured worker has failed conservative treatment (medications, activity modifications and physical therapy) and wishes to proceed with

cervical epidural steroid injection (ESI) for right C6-7 in efforts to avoid surgical intervention by reducing pain and inflammation, restore range of motion, facilitate progress in active treatment programs and avoid surgery. The request for treatment date was 10-19-15 requested services included Right C6-C7 cervical epidural under fluoroscopy and Ibuprofen 800 mg #90. The original Utilization review dated 10-26-15 non-certified the request for Right C6-C7 cervical epidural under fluoroscopy and Ibuprofen 800 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C6-C7 cervical epidural under fluoroscopy: Overturned

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: The patient presents with pain affecting the cervical spine. The current request is for Right C6-C7 cervical epidural under fluoroscopy. The treating physician report dated 9/15/15 (139B) states, "Requesting authorization for second cervical spine epidural steroid injection directed to a different level of the cervical spine to eliminate the pain generating sites." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided show that the patient has received a previous ESI of the cervical spine. In this case, the patient presents with neck pain that radiates down the right upper extremity. Furthermore, the diagnoses of cervical radiculopathy is corroborated by an MRI dated 10/31/14 (143B). The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.

Ibuprofen 800 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Ibuprofen 800 mg #90. The treating physician report dated 10/26/15 (151B) provides no rationale for the current request. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The medical reports provided, show the patient has been taking Ibuprofen since at least 9/28/15 (146B). In this case, the current request may be medically necessary but a record of pain and function with the medication was not found in any of the medical reports provided for review. The current request does not satisfy the MTUS guidelines as there is no documentation in the medical reports provided of functional improvement or evidence of the medications efficacy in treating the patient's symptoms. The current request is not medically necessary.

