

Case Number:	CM15-0035713		
Date Assigned:	03/04/2015	Date of Injury:	07/03/2007
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on July 3, 2007. He has reported neck pain and bilateral arm pain. The diagnoses have included chronic pain syndrome, cervical spine radiculitis, ulnar nerve lesion, bilateral medial epicondylitis, and bilateral lateral epicondylitis. Treatment to date has included medications, multiple surgeries, spinal cord stimulator, injections, and imaging studies. A progress note dated January 12, 2015 indicates a chief complaint of bilateral arm pain and neck pain. Physical examination showed cervical spine tenderness and spasms. The treating physician requested cervical spine epidural steroid injections and a prescription for Ultram 50 mg x 90 with one refill. On January 22, 2015, Utilization Review denied the request for the epidural steroid injections and partially certified the request for a prescription for Ultram with an adjustment to one additional month with no refills. The California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines were cited in the decisions. On February 25, 2015, the injured worker submitted an application for IMR of a request for cervical spine epidural steroid injections and a prescription for Ultram 50 mg x 90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical C6-7 and C7-T1 epidural steroid injection- one time: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current researches do not support a "series-of-three" injection in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had pain with Spurling's maneuver in December 12, 2014 but no radicular findings. Prior CT of the neck showed degenerative disease for which the claimant underwent a laminectomy. There was no mention of impingement. Based on the clinical and prior imaging results, the request for an ESI does not meet the guidelines criteria and is not medically necessary.

Retrospective Ultram 50 mg #90 with one refill prescribed on 1/15/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, the claimant was given Tramadol along with Oxycontin on 1/15/15. No pain scores or revised controlled substance agreement was noted.

There was no indication at the time of combining opioids. Long-term use of opioids is not indicated. The use of Tramadol (Ultram) as above is not medically necessary.