

Case Number:	CM15-0039048		
Date Assigned:	03/09/2015	Date of Injury:	01/26/1994
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: Internal Medicine, Pulmonary Disease

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 was a 62-year-old male, who sustained an industrial injury, January 30, 1989. The injured was hit on the left side of the head with a sledge hammer which came off the handle when a co-worker was swung it. According to progress note of January 22, 2015, the injured workers chief complaint was neck, right upper extremity pain and headaches. The injured worker rated the pain at 10 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted stiffness and tenderness to palpation of the cervical neck. There was severe tenderness of the cervical paraspinals right greater than the left. There was trigger points identified bilateral trapezii and levator scapulae muscles referred pain to the back of the head and the tips of the shoulders, right greater than the left. The injured worker was diagnosed with postlaminectomy syndrome of the cervical region, myofascial pain syndrome, right cervical radiculopathy, arthrodesis status, status post C4-C5 and C5-C6 fusion in 1990 and 1996, degenerative disc disease of the cervical spine with radiculopathy. The injured worker previously received the following treatments anterior cervical fusion C4-C5 and C5-C6 on May 29, 1990, epidural injections, narcotic pain medication, TENS (transcutaneous electrical nerve stimulator) unit, x-rays, MRI of the cervical neck, electromyography, Cyclobenzaprine and cervical fusion times 2. The treatment plan included cervical epidural to decrease neck and right arm pain and triggering of severe headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The patient is a 62-year-old male who was hit on the left side of his head with a sledgehammer on 01/30/1989. He had cervical fusion in 1990 and 1996 (C4-C5, C5-C6). On 01/22/2015, he had neck, head and right upper extremity pain. MTUS guidelines that epidural steroid injections to the lumbar spine may provide temporary relief of pain but do not alter the long-term health outcome and do not prevent surgery. They do not provide long-term pain relief. Also noted in the MTUS guidelines are that there is insufficient evidence to make a recommendation for cervical epidural steroid injections to treat radicular pain. The requested unspecified cervical epidural steroid injection is not medically necessary.

Norco 10-325mg one Q8 h #120 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 62-year-old male who was hit on the left side of his head with a sledgehammer on 01/30/1989. He had cervical fusion in 1990 and 1996 (C4-C5, C5-C6). On 01/22/2015, he had neck, head and right upper extremity pain. MTUS guidelines for on-going treatment with opiates require documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet these criteria. Norco is not medically necessary for this patient.