

Case Number:	CM15-0057430		
Date Assigned:	04/02/2015	Date of Injury:	06/25/2012
Decision Date:	05/06/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/26/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 47-year-old female who sustained an industrial injury on 06/25/2012. Diagnoses include neck pain, low back pain and chronic myofascial pain. Treatment to date has included medications, acupuncture, chiropractic and physical therapy and epidural steroid injection. Diagnostics performed to date included electrodiagnostic testing, CT arthrogram and MRI. According to the progress notes dated 2/3/15, the IW reported continued neck, back and left upper extremity pain. She requests a repeat epidural steroid injection for the neck; she had two months of pain relief from the previous injection in 2013. A request was made for repeat left C5-C6 transforaminal epidural steroid injection and Ibuprofen 800mg for continued neck and left upper extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left C5-C6 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical Epidural Steroid Injections Page(s): 46-47.

Decision rationale: Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the patient had a previous epidural injections in 2013 which provided 50% pain relief for 2 months. However, an MRI of the cervical spine in 3/12/2013 showed central left paracentral disc at C5-6, with no signs nerve impingement. An electromyogram on 3/19/2013 was negative for radiculopathy. In the absence of such documentation, the currently requested repeat epidural steroid injection is not medically necessary.

Ibuprofen 800mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, a progress note on 2/3/15 indicated the patient has benefited from the use of Ibuprofen 800mg, however, there is no indication that Ibuprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Ibuprofen is not medically necessary.