MAXIMUS Federal Services

Case Number:	CM15-0086642		
Date Assigned:	05/08/2015	Date of Injury:	02/09/2014
Decision Date:	06/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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 64 year old male patient who sustained an industrial injury on 02/09/2014. A recent primary treating office visit dated 03/17/2015 reported the patient with subjective complaint of increasing neck pain with radiation into the bilateral shoulders and arms with associated numbness; right greater. He continues with complaint of right knee pain, which has improved since the last visit. He is currently not working. He has undergone a pain management evaluation with request to undergo a cervical epidural injection. He is scheduled to start additional physical therapy sessions. He is currently using Tramadol ER, and Motrin for the pain. He does note some itching with the Tramadol. Overall, he is reporting functional improvement and pain improvement with the current medication regimen. Objective findings showed tenderness noted in the bilateral cervical paraspinals and bilateral trapezius musculature. There is also tenderness noted in the anterior aspect and deltoid muscle of the right shoulder and posterior aspect of the left shoulder. The cervical spine noted with positive axial compression test, along with radicular pain into the bilateral upper extremities. There is decreased sensation in the distribution of the right C6-C7 nerve roots. The following diagnoses are applied: chondromalacia patella, right knee; patellofemoral joint arthropathy, right knee; osteochondral lesion in the posterior weight bearing aspect of the distal lateral femoral condyle with actual fracture/separation of this osteochondral lesion, right knee; grade 3 tear versus grade 2 signal in the posterior horn of the medial meniscus, right knee; grade 2 signals versus grade 3 tears in the anterior and posterior horns of the lateral meniscus, right knee; bony ossicle noted in relation to the anterior/posterior aspect of the proximal lateral tibia, right knee; contusion/strain/sprain of

the lumbar spine; contusion/strain/sprain of the cervical spine; multilevel disc disease cervical spine with C3-4 posterior disc protrusion and C5-6 retrolisthesis, posterior disc protrusion; impingement syndrome right shoulder; full thickness tear supraspinatus tendon, anterior labral tear and hypertrophic arthrosis of the AC joint, right shoulder; cervical radiculopathy, and left shoulder strain/sprain. The plan of care involved: obtaining a urine drug screen, prescribed Motrin, Vicodin, initiate physical therapy sessions, and recommendation for a epidural steroid injections. He is to follow up in a month and remain off from work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C5-C6 and C6-C7 x 2: Overturned

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

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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had a high level of pain in the neck with radicular findings on exam. MRI of the cervical spine was significant for disc bulging and cord abutment. The claimant had failed conservative therapy including pain medication and physical therapy. The request for an ESI of the cervical spine x 2 is appropriate and medically necessary.

Vicodin 5/500 #90: Upheld

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

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

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramdo along with Vicodinl for the prior months. No one opioid is superior to another and the claimant's pain remained at 8/10 for which an ESI was required. There was no mention of tricyclic or Tylenol failure. The request for Vicodin is not medically necessary.