

Case Number:	CM14-0003319		
Date Assigned:	01/31/2014	Date of Injury:	11/16/2006
Decision Date:	06/19/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has filed a claim for cervical degenerative disc disease, lumbago, and headaches associated with an industrial injury of November 16, 2006. Thus far, the patient has been treated with opioids, sedatives, NSAIDs, Lidoderm patches, Topamax, Neurontin, Lyrica, medial branch rhizotomy at C5-6 and C6-7 in 2011, cervical and lumbar epidural steroid injections, and lumbar spine surgery. The patient is currently on Norco, MS Contin, Klonopin, omeprazole, Senna, Lunesta, Topamax, Mobic, Miralax, Lidoderm patch, and metoprolol. Review of progress notes reports neck pain, back pain with associated radicular symptoms to the left lower extremity, and headaches. The patient notes that the pain medications are not giving adequate pain relief. There is little tolerance for activities of daily living. The patient notes approximately 40% reduction in pain with use of medications, from 8/10 without medications to 5/10 with medications. The patient is able to stand or walk for approximately 15 minutes with medications, and less than 10 minutes without medications. Findings include tenderness of the cervical, thoracic, and lumbar regions; and straight leg raise was positive on the left. Mention of lumbar MRI dated May 10, 2011 showed post surgical changes with osteophytosis causing mild left lateral recess and left neuroforaminal compromise, which appears to be deflecting the left S1 nerve root sleeve and would compromise the exiting left L5 nerve root sleeve. Minor bilateral facet arthrosis noted at L4 to 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EPIDURAL STEROID INJECTION AT C3-C4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, the patient has had previous cervical epidural steroid in 2008 with resulting improvement of neck pain >50% for over 6 months. However, there is no documentation of cervical radiculopathy, and insufficient evidence to support this procedure. Therefore, the request for epidural steroid injection at C3-4 was not medically necessary per the guideline recommendations of CA MTUS.

1 MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 LOW BACK COMPLAINTS, PAGE 53

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: As stated on page 303-304 of the ACOEM Low Back Guidelines referenced by CA MTUS, there is support for imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In this case, the patient does not present with red flag symptoms come on specific nerve compromise, or documented failure of therapy. There are no significant changes or worsening of symptoms since previous lumbar MRI from May 2011. Therefore, the request for MRI of the lumbar spine was not medically necessary per the guideline recommendations of CA MTUS.

1 MRI OF THE THORACIC SPINE WITHOUT CONTRAST TO RULE OUT TOS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8 NECK AND UPPER BACK COMPLAINTS, PAGES 177-178

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As stated on page 304 of the ACOEM Low Back Guidelines referenced by CA MTUS, criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. In this case, the patient does not present with symptoms consistent with thoracic outlet syndrome. The patient only presents with tenderness of the thoracic area. There is no clear rationale for the necessity of this procedure. Therefore, the request for MRI of the thoracic spine was not medically necessary per the guideline recommendations of CA MTUS and ODG.

1 BLOOD WORK CMP, RFP, CBC, HFR: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory Safety Monitoring Of Chronic Medications In Ambulatory Care Settings, <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc1490088/>.

Decision rationale: Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient is currently on multiple medications that have effects on certain organs, especially the liver and kidneys. A blood test at this time is a reasonable option to provide information regarding the patient's organ functions. Therefore, the request for blood work is medically necessary.

1 PRESCRIPTION OF NORCO 10/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least March 2013. However, there is no documentation of significant objective functional improvement attributed to Norco as patient has had similar symptoms with use of this medication. The patient is already experiencing constipation with the medication regimen. Therefore, the request for Norco was not medically necessary per the guideline recommendations of CA MTUS.

