MAXIMUS Federal Services

Case Number:	CM14-0213543		
Date Assigned:	12/31/2014	Date of Injury:	09/23/2012
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Tennessee, Mississippi
Certification(s)/Specialty: Anesthesiology, 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:

This is a 44-year-old male with a 9/23/12 date of injury. He injured his right thumb, upper jaw, front teeth, and neck as a result of a physical assault by a suspect. According to a progress report dated 12/18/14, the patient presented with continued cervical and radicular pain. The cervical epidural was denied despite pain in the distribution of the disc bulge at the level below the fusion. His current pain level was a 4/10 and his interval pain over the last week was 6/10. He stated that his pain relief with medication or treatment over the last week was 40%. He had associated numbness on the right side of the face and associated pins and needle sensation of the right side of the face and right arm. Objective findings: none noted for 12/18/14 report. 11/26/14 report revealed full range of motion of cervical spine, sensation to light touch tested and intact throughout, tender to palpation of bilateral paraspinal muscles, increased pain on extension and decreased bilateral brachioradialis reflex, decreased triceps reflex bilaterally. A cervical MRI report, dated 11/25/14 revealed mild to moderate posterior disk herniation at C6-7, a little more prominent on the prior exam, acquired spinal stenosis at this level; very mild posterior disk protrusion at C4-5 with a very mild central broad-based posterior disk protrusion at T3-4. Diagnostic impression: postlaminectomy syndrome, cervical region.Treatment to date: medication management, activity modification, ACDF C5-6 (6/2013).A UR decision dated 12/12/14 denied the requests for cervical epidural steroid injection at C6-7 and Zofran 8mg #30. Regarding cervical epidural steroid injection, the patient has decreased reflexes bilaterally. However, there are no additional findings indicative of radiculopathy, such as dermatomal sensation loss in the C6-7 distribution or positive Spurling's or axial compression maneuvers.

Regarding Zofran, ODG does not recommend this medication for nausea and vomiting secondary to chronic opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that 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. In the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. In addition, it was physical examination revealed sensation to light touch was intact throughout the cervical spine. Therefore, the request for Cervical epidural steroid injection at C6-7 was not medically necessary.

Zofran 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ondansetron).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, in the present case, there is no documentation that this patient currently has any complaints of nausea and vomiting. In addition, there is no discussion that he is undergoing chemotherapy, radiation therapy, or surgery. Therefore, the request for Zofran 8mg #30 was not medically necessary.