

Case Number:	CM14-0216144		
Date Assigned:	01/06/2015	Date of Injury:	05/17/2004
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/24/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 59 year old female with an injury date of 05/17/04. The 11/18/14 progress report by [REDACTED] states that the patient presents with constant, ongoing neck, shoulder and arm pain with pins and needles sensation and numbness. She also complains of depression. The 10/14/14 report states the patient presents with constant, severe neck pain that extends down both arms. Examination on 11/18/14 reveals tenderness in the cervical spine regions with spasms bilaterally as well as diminished upper extremity strength bilaterally. The 10/14/14 examination states that there is decreased sensation to pin-prick C7 bilaterally. There is diffuse tenderness in the lumbar spine along with positive lying and sitting straight leg raise bilaterally. The patient's diagnoses include: 1. Cervical and lumbar radiculopathy. 2. Cervical and lumbar discogenic spine pain. 3. Facet arthropathy, lumbar. 4. Chronic pain disorder (11/26/14 report by [REDACTED]) The patient is receiving physical therapy and cognitive behavior therapy. Current medications are listed as Percocet, Topmax, Lidoderm. Albuterol inhaler, Brintellix, and Lunesta. The utilization review is dated 12/01/14. Reports were provided for review from 05/29/14 to 12/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C7-T1 Qty: 1.00.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with ongoing neck, shoulder and arm pain and lumbar spine pain along with depression. The current request is for cervical spine epidural injections C7-T1. The RFA provided is dated 11/19/14; however, the 10/14/14 report also discusses this request. MTUS guidelines have the following regarding ESI under chronic pain section pages 46 and 47, "Recommended as an option for treatment for radicular pain." MTUS require documentation of radiculopathy corroborated by an imaging study. MTUS further states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The 10/14/14 report states the patient has "Pain in the neck down both arms" that is not controlled by pain medications. The report further states, "Last cervical ESI help (sic) her >60%. Last (sic) more than 4 moths. It's (sic) was done couple years ago. Patient request cervical esi for pain exacerbation control." The report states an MRI was reviewed; however, it is unclear for which body part. No imaging reports are provided for review and none is cited by the utilization review. This report also states there is decreased sensation to pin-prick "C7 bilaterally." The patient has a diagnosis of cervical radiculopathy. In this case, the reports provided document cervical radiculopathy for this patient; however, there is no documentation of a corroborative imaging study as required by MTUS. MTUS also states there is not sufficient evidence to make any recommendation for cervical ESI to treat radicular pain. Therefore, the request is not medically necessary.

Fluoroscopic guidance Qty: 1.00.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with ongoing neck, shoulder and arm pain and lumbar spine pain along with depression. The current request is for Fluoroscopic Guidance. The RFA provided is dated 11/19/14; however, the 10/14/14 report also discusses this request. MTUS guidelines have the following regarding ESI under chronic pain section pages 46 and 47, "Recommended as an option for treatment for radicular pain." MTUS require documentation of radiculopathy corroborated by an imaging study. MTUS further states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." This request is associated with the request for cervical spine epidural injections C7-T1 discussed previously which is not medically necessary. Therefore, this request also is not medically necessary.

Pre-op cervical x-ray Qty: 1.00.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with ongoing neck, shoulder and arm pain and lumbar spine pain along with depression. The current request is for Pre-op Cervical X-ray. The RFA provided is dated 11/19/14; however, the 10/14/14 report also discusses this request. MTUS guidelines have the following regarding ESI under chronic pain section pages 46 and 47, "Recommended as an option for treatment for radicular pain." MTUS require documentation of radiculopathy corroborated by an imaging study. MTUS further states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." This request is associated with the request for cervical spine epidural injections C7-T1 discussed previously which is not medically necessary. Therefore, this request also is not medically necessary.

Percocet 5-325mg Qty: 60.00.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78,88-89.

Decision rationale: The patient presents with ongoing neck, shoulder and arm pain and lumbar spine pain along with depression. The current request is for Percocet tablets 5-325 mg QTY 60 (Oxycodone-an opioid) per the 11/18/14 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Only 2 treatment reports are provided dated 10/14/14 and 11/18/14 that discuss this medication. It is unclear when the patient was first prescribed Percocet. It shows as a continuing medication as of 10/14/14 and the laboratory report of 12/14/11 shows the presence of Oxycodone. The 10/14/14 report states that the patient feels Oxycodone provides 50% pain relief which improves work around the house, improves sleep and her quality of life. Pain is assessed through the use of pain scales. The 11/18/14 report shows previous pain rating (good day as 7/10, 9/10 bad day); Current pain rating as (good day 5/10, bad day 9/10). The treater mentions only the general category of work around the house and mentions no specific ADL's to show a significant change with use of this medication. Opiate management issues are not fully addressed. The 10/14/14 report does state the patient was counseled on the benefits and potential side effects of medication. However, no recent UDS's are provided for review or discussed. There is no

discussion of adverse behavior. In this case, ADL's and opiate management have not been sufficiently documented as required by MTUS. The request is not medically necessary.