

Case Number:	CM15-0114442		
Date Assigned:	06/22/2015	Date of Injury:	02/03/2014
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

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 was a 51 year old male, who sustained an industrial injury, February 3, 2014. The injured worker previously received the following treatments Norco and Neurontin, icing for 15 minutes every four hours, physical therapy evaluation on April 23, 2015, cervical spine MRI showed at C7-T1 there was a far left foraminal disc protrusion which contributes to moderate to severe left foraminal narrowing which may impinge upon the exiting left C8 nerve root. There was mild central canal narrowing with mild right foraminal narrowing. There was mild central narrowing with moderate left and mild right foraminal narrowing at C6-C7. There was mild central canal stenosis with moderate to severe left foraminal narrowing secondary to uncovertebral and facet degeneration at C5-C6. There was mild central canal stenosis with mild left foraminal narrowing at C4-C5. The injured worker was diagnosed with left C5-C6 and C6-C7 left sided HPN (herniated nucleus pulposus) with radiculopathy. According to progress note of May 13, 2015, the injured worker's chief complaint was neck pain. There was mild improvement. The injured worker rated the pain level at 3 out of 10. The injured worker's general appearance was normal. The injured worker was alert and oriented times three with normal mood and affect. The motor exam of the bilateral upper extremities was 5 out of 5. The progress note of May 6, 2015, noted the injured worker's pain level was 9 out of 10. The injured worker started physical therapy treatments on April 23, 2015. The treatment plan included left cervical epidural steroid injection at C5-C6 and C6-C7 and a prescription for Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left cervical epidural steroid injection at C5-6, C6-7 (at COSI): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant sustained a work injury in February 2014 and is being treated for radiating neck pain. When seen, he had been doing well until two weeks before the evaluation. He had neck pain and then received acupuncture treatments and medications. When seen, he was having neck pain with left upper extremity numbness and weakness. Physical examination findings included decreased cervical spine range of motion with paraspinal muscle spasms. Spurling's maneuver was positive on the left side. There was a normal neurological examination. An MRI of the cervical spine on 04/20/15 included findings of a left lateralized C7- T1 disc herniation. Physical therapy was started on 04/23/15. Criteria for consideration of a cervical epidural steroid injection include symptoms initially unresponsive to conservative treatments such as exercises, physical methods, NSAIDs and muscle relaxants. In this case, the claimant's provider documents positive neural tension signs and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included acupuncture, physical therapy, and medications. The criteria are met and the requested epidural steroid injection is considered medically necessary.

Neurontin 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18 Page(s): 16-18.

Decision rationale: The claimant sustained a work injury in February 2014 and is being treated for radiating neck pain. When seen, he had been doing well until two weeks before the evaluation. He had neck pain and then received acupuncture treatments and medications. When seen, he was having neck pain with left upper extremity numbness and weakness. Physical examination findings included decreased cervical spine range of motion with paraspinal muscle spasms. Spurling's maneuver was positive on the left side. There was a normal neurological examination. An MRI of the cervical spine on 04/20/15 included findings of a left lateralized C7- T1 disc herniation. Physical therapy was started on 04/23/15. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.