

Case Number:	CM15-0122750		
Date Assigned:	07/07/2015	Date of Injury:	03/27/2015
Decision Date:	08/25/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/25/2015

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: California, North Carolina
 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 44 year old female who sustained an industrial injury on 03/27/2015. Mechanism of injury occurred when she opened a cabinet and it fell on to her head and she felt dizzy and disoriented and had swelling in her forehead. Diagnoses include cervical radiculopathy. Treatment to date has included diagnostic studies, medications, and physical therapy. A Magnetic Resonance Imaging of the cervical spine done on 04/16/2015 revealed multiple levels of disc herniation with stenosis of the spinal canal, and degenerative changes. A physician progress note dated 05/04/2015 documents the injured worker complains of neck pain radiating to the bilateral shoulders and arms. She rates her pain as 4-5 out of 10. She has reduced sensation to light touch at the cervical 5-6 dermatomes. Cervical spine range of motion is restricted. Treatment requested is for cervical spine epidural injection under fluoroscopic guidance x 3, Gabapentin 100mg #60, Ibuprofen 400mg #60, and Urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural injection under fluoroscopic guidance x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), criteria for the use of epidural steroid injections, neck and upper back chapter AMA guides.

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

Decision rationale: CA MTUS states epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Specific criteria are given for ESI, including documentation of radiculopathy by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are nonspecific documentation of subjective findings (neck pain radiating to both shoulders and arms). There are no specific (to a nerve root distribution) documented subjective radicular findings (pain, numbness, tingling) in each of the nerve root distributions. There is also no documentation of additional conservative measures (other physical modalities) beyond tradition physical therapy. Finally the request for 3 injections exceeds the guidelines of 2 injections. Therefore the request is not medically necessary or appropriate.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request is for a "urinalysis," however it is assumed that the provider is actually requesting a urine drug screen (UDS), an entirely different test, CA MTUS states that UDS is recommended as an option to assess for the presence or the use of illegal drugs. In the records submitted in this case, there are no risk factors presented for illicit drug use. In addition, the patient is not being prescribed ongoing opioids. Therefore the request is not medically necessary or appropriate.

Ibuprofen 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Guidelines require that in chronic use, decreased pain and functional improvement must be documented. In this case the patient's pain is improved, however there is no evidence of functional improvement or benefit,

decreased work restrictions and increase in activity toleration. Therefore the request is not medically necessary or appropriate.

Gabapentin 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 18-19.

Decision rationale: CA MTUS states that Gabapentin has been shown effective in the treatment of diabetic painful neuropathy and postherpetic neuralgia. It is also used as a first-line treatment for neuropathic pain. In this case, neuropathic pain is documented. However there is no documentation of functional benefit, decrease work restriction, increased activity tolerance and/or reduction in the use of Gabapentin. Therefore the request is not medically necessary or appropriate.