

Case Number:	CM15-0128060		
Date Assigned:	07/14/2015	Date of Injury:	10/27/2011
Decision Date:	09/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 65 year old female, who sustained an industrial injury on 10/27/11. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical radiculitis left C6 distribution; C5-6 HNP; lumbar discogenic disease; lumbar spine grade I spondylolisthesis; left lower extremity radiculopathy; left shoulder rotator cuff impingement/tear; status post open repair with residuals; left carpal tunnel symptoms. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 4/29/15 indicated the injured worker complains of low back pain, pain across the left shoulder. The provider notes the injured worker is a status post decompression. She reports her pain is 5/10 without medications and 3/10 with medications. The left shoulder is the source of most of her pain. She has difficulty sleeping at night. Medications allow her to perform light cleaning and cooking. The provider documents a s physical examination of the lumbar spine that reveals spasm and painful range of motion. He notes Positive Lasegue's bilaterally and straight leg raise on the right as 60 degrees and left 70 degrees. There is noted pain on the left at L5S1 and tenderness to palpation over the lumbar paraspinal musculature. He notes numbness in the arm L5 left. Exam of the cervical spine reveals spasm, painful and decreased range of motion with left C5-6 radiculopathy. Exam of the left shoulder reveals painful range of motion with forward flexion and abduction to 120 degrees. There is a healed scar and tenderness to palpation at the AC joint. Abduction is to 130 degrees. Examination of the left wrist and hand reveals a positive Tinel's and Phalen's sign. The provider remarks the injured worker suffers from low back pain and lumbar radicular pain to the leg. He notes the cause of the radicular pain is due to lumbar

spinal stenosis as established by imaging studies, history and physical examination. The provider is requesting authorization of Left carpal tunnel release; lumbar epidural steroid injection bilateral L4-S1 for a quantity of two; Prilosec 20mg #60; Motrin 800mg #90 and Ultracet 37.5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records of electrodiagnostic evidence of carpal tunnel syndrome and a lack of evidence of failed bracing or injections. Therefore the request is not medically necessary.

Lumbar Epidural Steroid Injection Bilateral L4-S1 QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

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

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case the MRI is not medically necessary.

Prilosec 20mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines prilosec Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records do not demonstrate that the patient is at risk for gastrointestinal events. Therefore the request is not medically necessary.

Motrin 800mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines motrin Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Motrin is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Motrin is not warranted, as there is no demonstration of functional improvement and the injury is no longer acute. Therefore the request is not medically necessary.

Ultracet 37.5/325mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 87.

Decision rationale: CA MTUS Chronic pain guidelines, opioids page 87 states that the ongoing use of opioids for pain can be used with ongoing evidence of pain relief and functional benefit demonstrated by increasing work abilities or decreasing need for pain medications. The notes provided does not clearly document the improvement in pain symptoms due to the medication or functional benefit as defined by the criteria. Based on the above the request is not medically necessary.