

Case Number:	CM15-0147277		
Date Assigned:	08/10/2015	Date of Injury:	04/29/2010
Decision Date:	10/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 male who sustained an industrial injury on 04-29-2010. He reported that he was picking pools that were boxes that weighed about 90 pounds each. When he went to lift another box while squatting at the knees, he felt a pulling sensation in the neck with radiating pain into the right shoulder, arm to hand and down the chest and entire back. He could not move or breathe. Treatment to date has included medications psychotherapy, electroconvulsive therapy, epidural injections, physical therapy, acupuncture, transcutaneous electrical nerve stimulation, aqua therapy, trigger point injections and right shoulder surgery. According to an Agreed Medical Evaluation dated 06-08-2015, the injured worker's treatment history included five epidural injections to the cervical spine in 2014 and 2015 which provided relief for a few weeks for each injection. His current medication regimen included Fluoxetine, Vicodin 5-325 mg 3 per day, Seroquel, Baclofen and Umapriptan. The injured worker was currently not working. The provider noted that in regard to the cervical spine, the injured worker remained a poor surgical candidate, but if surgery was being contemplated, he required psychiatric clearance as well as a discogram to establish a pain generating level and that nothing was seen that required further epidural steroid injections. The provider also noted that the injured worker had already had several that admittedly did not provide appreciable relief. According to a partially legible handwritten progress report dated 06-17-2015, the injured worker was having more headache due to increased spasm. He was tolerating decreased meds okay. He continued to report neck and low back pain that was worse. Pain was rated 9 on a scale of 1-10. Carpal tunnel syndrome pain was rated 5. Objective findings included spasm, decreased

range of motion and reduced sensation to light touch. Straight leg raise test at 60 degrees was noted. Diagnoses included cervical spine herniated nucleus pulposus-stenosis, headache, right shoulder osteoarthritis-tendinosis, lumbar spine herniated nucleus pulposus, right carpal tunnel syndrome, lower extremity lumbar spine radiculopathy, insomnia and occipital headache. The treatment plan included decrease Norco 5-325 mg #70, urinalysis, cervical epidural steroid injection x 3, trigger point injection cervical spine x 3 and occipital nerve block x 4. The injured worker was temporarily totally disabled for 45 days. Currently under review is the request for Norco 5-325 mg #70, cervical epidural steroid injections x 3, trigger point injections cervical spine x 3 and bilateral occipital nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Cervical epidural steroid injections x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation American Academy of Neurology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of

cervical epidural steroid injections (CESIs) include radiculopathy that must be documented by physical exam and corroborated by imaging. According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as studies and/or electro-diagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESIs are of uncertain benefit and should be preserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. In this case, there is no documentation of corroborating imaging (MRI, CT, myelography, CT myelography and x-ray) findings for the subjective and objective findings on exam and no documentation of the specific levels to be addressed. Medical necessity for the requested epidural steroid injections is not established. The requested cervical epidural injections are not medically necessary.

Trigger point injections cervical spine x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injection with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, there is evidence of subjective and objective radiculopathy on exam. The guideline recommendations have not been met. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Bilateral occipital nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head & Neck chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occipital Nerve Block.

Decision rationale: ODG states that occipital nerve blocks are under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post-injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.