

<b>Case Number:</b>	CM15-0173334		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Arizona, California  
 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 60 year old male, who sustained an industrial injury on 10-08-2012. The injured worker is currently released to work full duty. Medical records indicated that the injured worker is undergoing treatment for cervical disc injury, cervical facet arthralgia, left cervical radiculopathy, and status post left wrist ganglion. Treatment and diagnostics to date has included epidural steroid injections, physical therapy, and medications. Per neurological evaluation report dated 06-30-2015, the injured worker underwent an electromyography-nerve conduction velocity studies to the left upper extremity which showed "evidence of very mild carpal tunnel syndrome" and a cervical spine MRI dated 01-11-2014 which showed "1) Mild to moderate disc degeneration at C5-6, 2mm retrolisthesis of C5. 2) Moderate to severe left C5-6 neural foraminal narrowing". In a progress note dated 07-22-2015, the injured worker reported neck pain. Objective findings included tender areas over the bilateral trapezius and supraspinal muscles with intact gross sensation and 5 out of 5 strength in upper extremities. The physician noted that "since the patient had the epidural steroid injection done in the past with good relief of pain, I am requesting authorization for a repeat epidural steroid injection to help reduce the residual pain and improve function and mobility". The request for authorization dated 07-28-2015 requested cervical interlaminar epidural steroid injection under fluoroscopic guidance left C5 and C6. The Utilization Review with a decision date of 08-04-2015 non-certified the request for cervical interlaminar epidural steroid injection under fluoroscopic guidance at left C5 and C6 and modified the request for Lyrica 75mg twice daily #60 with 6 refills to Lyrica 75mg twice daily #60 with 1 refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical interlaminar epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In this case, the claimant had findings consistent with carpal tunnel syndrome. The MRI did not indicate cord impingement. Recent exam notes did not indicate neurological abnormalities that would indicate radiculopathy. As a result, the request for another cervical ESI is not medically necessary.

**Lyrica 75 mg, sixty count with six refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been Gabapentin in the past, which caused somnolesence. Gabapentin is indicated for radiculopathy but radiculopathy is not verified in the noted. Substituting with Lyrica is not indicated and is not medically necessary.