

<b>Case Number:</b>	CM15-0179929		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/23/2015
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 is a 47 year old male who sustained an industrial motor vehicle accident injury on 01-23-2015. The injured worker was diagnosed with cervical disc displacement, cervicgia and left trapezius muscle strain. According to the treating physician's progress report on August 6, 2015, the injured worker continues to experience left sided neck and shoulder pain associated with numbness and tingling along the left arm. Examination demonstrated tenderness over the trapezius insertion over the left scapula. There was no cervical spasm or muscle guarding. Range of motion was normal turning to the left but painful when turning to the right side. Spurling's test was negative. Shoulders were normal with full range of motion. There was no evidence of neurological findings. Prior treatments documented to date have included diagnostic testing with recent cervical spine magnetic resonance imaging (MRI) in May 2015, physical therapy (6 visits); trigger point injection to the left trapezius on July 8, 2015 and medications. Current medications were listed as Tylenol #3 and Ibuprofen. Treatment plan consists of the current request for consultation with cervical epidural steroid injection and Tylenol #3. On 08-14-2015, the Utilization Review determined the request for two C3-C4 epidural steroid injections to include consultation was non-certified due to non-documented radiculopathy and Acetaminophen with Codeine #3, 300-30mg was not medically necessary for long-term usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen-Codeine #3 300-30mg: 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, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in January 2015 and is being treated for injuries as the results of a motor vehicle accident. When seen, he was having left sided neck pain with left upper extremity numbness and tingling. He was having difficulty sleeping and continuing to work. Physical examination findings included left trapezius muscle tenderness and pain with turning to the right. There were no neurological findings and Spurling's testing was negative. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.

**2 C3-C4 Epidural Steroid Injection: 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): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in January 2015 and is being treated for injuries as the results of a motor vehicle accident. When seen, he was having left sided neck pain with left upper extremity numbness and tingling. He was having difficulty sleeping and continuing to work. Physical examination findings included left trapezius muscle tenderness and pain with turning to the right. There were no neurological findings and Spurling's testing was negative. An MRI of the cervical spine in May 2015 showed findings of multilevel disc protrusions with left laterization at C3/4 and C4/5. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. The claimant is having numbness without radiuclar pain as defined above. The requested epidural steroid injection is not medically necessary.

**Consultation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in January 2015 and is being treated for injuries as the results of a motor vehicle accident. When seen, he was having left sided neck pain with left upper extremity numbness and tingling. He was having difficulty sleeping and continuing to work. Physical examination findings included left trapezius muscle tenderness and pain with turning to the right. There were no neurological findings and Spurling's testing was negative. An MRI of the cervical spine in May 2015 showed findings of multilevel disc protrusions with left laterization at C3/4 and C4/5. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. The claimant is having numbness without radicular pain as defined above. The requested epidural steroid injection is not considered medically necessary. In terms of a consultation for the procedure, the procedure is not medically necessary and the claimant has already been seen by the consultant being requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, there is no identified new issue that needs to be clarified. The request is not medically necessary.