MAXIMUS Federal Services

Case Number:	CM15-0078476		
Date Assigned:	04/29/2015	Date of Injury:	06/26/2014
Decision Date:	07/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/23/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female who sustained a work related injury June 26, 2014. According to a primary treating physician's progress report, dated March 12, 2015, the injured worker presented for follow-up regarding neck pain with left arm symptoms and left shoulder complaints. She is pending authorization for an interlaminar epidural steroid injection and has completed 8 sessions of chiropractic therapy, which provided temporary relief. She has completed 12 sessions of physical therapy for the left shoulder which did not provide relief and she complains of a painful popping sensation in the left shoulder. She wears a wrist brace at night and when driving, which she finds provides good support. She complains of aching, stabbing, burning pain, with pins and needles in the neck and top of the cervical spine. She has pain and muscle tightness in the left trapezius region, which increases when she moves her left shoulder. The pain is greater on the left side of the neck with radiation and numbness down the left upper extremity to the hand, however, the neck is more painful than the arm. The numbness radiates to the second, third, and fourth digits. Diagnoses included cervical herniated disc with stenosis; cervical radiculopathy; thoracic sprain/strain. Treatment plan requests authorization for orthopedic spine consultation, orthopedic consultation, Nabumetone, Gabapentin, and interlaminar lumbar epidural steroid injection C5-C6 through C7-T1 catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

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

Decision rationale: Based on the 3/12/15 progress report provided by the treating physician, this patient presents with stabbing, burning and pins and needles cervical pain, with pain/tightness in the trapezius region that increases when moving left shoulder, rated 7/10 on VAS scale. The treater has asked for Gabapentin 600mg TAB #60 on 3/12/15. The request for authorization was not included in provided reports. The patient is s/p left shoulder CSI from 11/19/14 which helped about 90% for one week but her pain has not returned per 2/11/15 report. The patient has had 5 sessions of physical therapy, 16 sessions of chiropractic therapy, MRI of the shoulder / cervical spine/thoracic spines, and EMG/NCV of bilateral upper extremities with abnormal result per 3/12/15 report. The patient is currently taking Neurontin, Relafen, Lidopro cream per 3/12/15 report. The patient's neck pain is left > right with radiation of aching / numbness down the left upper extremity to the hand per 3/12/15 report. The numbness radiates to the second, third and fourth digits of the hand per 1/8/15 report. The patient last worked on 7/5/14 per 1/8/15 report. The patient's work status is "TPD x 6 weeks, no lifting, pushing, pulling greater than 3 pounds, and no sitting, standing, walking greater than 30 minutes with 10 minute break, per 3/12/15 report. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient has been taking Gabapentin in reports dated 9/19/14, 1/8/15 and 3/12/15. The patient has been diagnosed with cervical radiculopathy with documentation of radicular symptoms, for which the medication is indicated. In progress report dated 2/11/15, the treater states that "when she takes the medication as prescribed, her pain reduces from a 5/10 to 4/10 on the pain scale". However, there is no specific mention of the efficacy of Gabapentin in 5 months of use. Therefore, the request is not medically necessary.

Nabumetone 760mg tab #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 3/12/15 progress report provided by the treating physician, this patient presents with stabbing, burning and pins and needles cervical pain, with pain/tightness in the trapezius region that increases when moving left shoulder, rated 7/10 on VAS scale. The treater has asked for Nabumetone 760mg TAB #60on 3/12/15. The request for authorization was not included in provided reports. The patient is s/p 5 sessions of physical therapy, 16 sessions of chiropractic therapy, MRI of the shoulder/cervical spine/thoracic spines, and EMG/NCV of bilateral upper extremities with abnormal result per 3/12/15 report. The patient is currently taking Neurontin, Relafen, Lidopro cream per 3/12/15 report. The patient's neck pain is left > right with radiation of aching/numbness down the left upper extremity to the hand per 3/12/15 report. The numbness radiates to the second, third and fourth digits of the hand per 1/8/15 report. The patient last worked on 7/5/14 per 1/8/15 report. The patient's work status is "TPD x 6 weeks, no lifting, pushing, pulling greater than 3 pounds, and no sitting, standing, walking greater than

30 minutes with 10 minute break, per 3/12/15 report. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP". MTUS page 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the patient has been taking the medication in reports dated 9/19/14, 1/8/15 and 3/12/15. The patient has been diagnosed with cervical radiculopathy with documentation of radicular symptoms. In progress report dated 2/11/15, the treater states that "when she takes the medication as prescribed, her pain reduces from a 5/10 to 4/10 on the pain scale". The patient is no longer taking Ibuprofen or Tylenol per 3/12/15 report. Given the conservative nature of this medication and documented benefit attributed to the use of Nabumetone, continued use is supported by MTUS. Therefore, the request is medically necessary.

General orthopedic consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 3/12/15 progress report provided by the treating physician, this patient presents with stabbing, burning and pins and needles cervical pain, with pain/tightness in the trapezius region that increases when moving left shoulder, rated 7/10 on VAS scale. The treater has asked for General Orthopedic Consult on 3/12/15. In the 3/12/15 report, the treater also requests "orthopedic follow ups with [redacted] to evaluate the patient's left shoulder and left CTS." The request for authorization was not included in provided reports. The patient is s/p 5 sessions of physical therapy, 16 sessions of chiropractic therapy, MRI of the shoulder/cervical spine/thoracic spines, and EMG/NCV of bilateral upper extremities with abnormal result per 3/12/15 report. The patient is currently taking Neurontin, Relafen, Lidopro cream per 3/12/15 report. The patient's neck pain is left > right with radiation of aching/numbness down the left upper extremity to the hand per 3/12/15 report. The numbness radiates to the second, third and fourth digits of the hand per 1/8/15 report. The patient last worked on 7/5/14 per 1/8/15 report. The patient's work status is “TPD x 6 weeks, no lifting, pushing, pulling greater than 3 pounds, and no sitting, standing, walking greater than 30 minutes with 10 minute break, per 3/12/15 report.” ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The treater requested an orthopedic consultation on 9/19/14 for patient's left shoulder pain and left carpal tunnel. As of 10/14/14, the patient "continues to follow up with [redacted] regarding her shoulder complaints." The patient has had 5 visits with orthopedic physician with dates of 10/14/14, 11/9/14, 1/8/15, 2/11/15, and 3/12/15. ACOEM guidelines generally allow and support

specialty follow up evaluations for chronic pain conditions, and support referral to a specialist to aid in complex issues. Given the patient's chronic shoulder pain that remains in spite of treatments and surgery, an orthopedic consultation may contribute to improved management of symptoms. Therefore, the request is medically necessary.

Orthopedic spine consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 3/12/15 progress report provided by the treating physician, this patient presents with stabbing, burning and pins and needles cervical pain, with pain/tightness in the trapezius region that increases when moving left shoulder, rated 7/10 on VAS scale. The treater has asked for Orthopedic Spine Consult but the requesting progress report is not included in the provided documentation. In the 3/12/15 report, the treater also requests "orthopedic follow ups with [redacted] to evaluate the patient's left shoulder and left CTS." The request for authorization was not included in provided reports. The patient is s/p 5 sessions of physical therapy, 16 sessions of chiropractic therapy, MRI of the shoulder/cervical spine/thoracic spines, and EMG/NCV of bilateral upper extremities with abnormal result per 3/12/15 report. The patient is currently taking Neurontin, Relafen, Lidopro cream per 3/12/15 report. The patient's neck pain is left > right with radiation of aching/numbness down the left upper extremity to the hand per 3/12/15 report. The numbness radiates to the second, third and fourth digits of the hand per 1/8/15 report. The patient last worked on 7/5/14 per 1/8/15 report. The patient's work status is "TPD x 6 weeks, no lifting, pushing, pulling greater than 3 pounds, and no sitting, standing, walking greater than 30 minutes with 10 minute break", per 3/12/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The treater requested an orthopedic consultation on 9/19/14 for patient's left shoulder pain and left carpal tunnel. As of 10/14/14, the patient "continues to follow up with [redacted] regarding her shoulder complaints." The patient has had 5 visits with orthopedic physician with dates of 10/14/14, 11/9/14, 1/8/15, 2/11/15, and 3/12/15. In the 3/12/15 report, the treater also requests "orthopedic follow ups with [redacted] to evaluate the patient's left shoulder and left CTS." None of the reports provided mention an orthopedic consult for patient's cervical spine pain. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a consult with a spine specialist. Given the patient's ongoing cervical spine symptoms despite conservative treatment, the request for a consultation appears reasonable. Therefore, the request is medically necessary.

Interlaminar lumbar ESI C5-C6 through C7-T1 catheter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: Based on the 3/12/15 progress report provided by the treating physician, this patient presents with stabbing, burning and pins and needles cervical pain, with pain/tightness in the trapezius region that increases when moving left shoulder, rated 7/10 on VAS scale. The treater has asked for Interlaminar Lumbar ESI C5-C6 through C7-T1 Catheter on 3/12/15. The request for authorization was not included in provided reports. The patient is s/p 5 sessions of physical therapy, 16 sessions of chiropractic therapy, MRI of the shoulder/cervical spine/thoracic spines, and EMG/NCV of bilateral upper extremities with abnormal result per 3/12/15 report. The patient is currently taking Neurontin, Relafen, Lidopro cream per 3/12/15 report. The patient's neck pain is left > right with radiation of aching/numbness down the left upper extremity to the hand per 3/12/15 report. The numbness radiates to the second, third and fourth digits of the hand per 1/8/15 report. The patient last worked on 7/5/14 per 1/8/15 report. The patient's work status is "TPD x 6 weeks, no lifting, pushing, pulling greater than 3 pounds, and no sitting, standing, walking greater than 30 minutes with 10 minute break", per 3/12/15 report. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The treater on 3/12/15 report requests "an ILESI targeting C5-6 introduced through a C7-T1 catheter, this is for diagnostic and therapeutic purposes." MRI of the cervical spine dated1/12/15 showed "C5-6 3-4mm right paracentral herniated (extruded) disc impinging upon the right anterior aspect of the spinal cord and migrating superiorly behind the right posterior body of C5 for a distance of 4 mm." Review of the reports does not show any evidence of cervical epidural steroid injection being administered in the past. Per 3/12/15 report, the patient complains of ongoing cervical pain with radiation of aching/numbness down the left upper extremity to the hand, and increasing tightness in the left trapezius that increases with movement of left shoulder, which is also painful/achy. Objective findings revealed decreased sensation over the left C5-8 dermatomes, with 4/5 strength in the bilateral deltoids and hyper- reflexive upper extremities. In this case, the requested C5-6 epidural steroid injection appears reasonable but the request is also for the use of catheter. There is no discussion in the guidelines that supports the use of catheter for this type of injection. Interlaminar or transforaminal approach ESI's are sufficient. The request, therefore, is not medically necessary.