

Case Number:	CM15-0092244		
Date Assigned:	05/18/2015	Date of Injury:	09/12/2014
Decision Date:	06/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/13/2015

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 was a 45-year-old female, who sustained an industrial injury, September 12, 2014. The injury was sustained from a motor vehicle accident sustained while working. The injured worker previously received the following treatments chiropractic services, TENS (transcutaneous electrical nerve stimulator) unit, cervical spine MRI, Tramadol, Soma, Valium, Flexeril and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities and Naproxen. The injured worker was diagnosed with neck and upper extremity pain, multilevel disc herniations, cervical stenosis, possible cervical facet mediated pain, muscle pain and upper extremity paresthesias. According to progress note of February 20, 2015, the injured workers chief complaint was aching neck, trapezius and parascapular region. The pain radiated into both upper extremities, right more than the left. There was intermittent tingling and numbness in all the fingers of the hands, more on the right than the left, typically rotation of the neck and at night when trying to sleep. Repetitive use of the upper extremities things like driving because of the rotation of the neck and lying flat make the pain worse. Heat and pain medication help with the pain. The physical exam of the cervical spine noted tenderness and spasms in the paraspinal muscles, right greater than the left. There was tenderness and spasms in the trapezius and parascapular region, right greater than the left. There was limited range of motion with extension, lateral bending to the right and rotation to the left. There was full flexion and extension to the right. There was increased pain with extension and lateral bending on the right. The treatment plan included interlaminar epidural steroid injection at C6, C7 with fluoroscopy and conscious sedation and a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg quantity 60.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, page 8, (2) Opioids, criteria for use, page 76-80 (3) Opioids, dosing, page 86.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating neck pain. When seen, medications are referenced as decreasing pain from 5/10 to 1/10. She was having intermittent upper extremity numbness. EMG/NCS testing had been completed showing findings of bilateral C6 radiculitis. A cervical spine MRI in December 2014 had shown findings multilevel disc herniations with foraminal and canal narrowing. Physical examination findings included normal strength and sensation with negative Spurling's testing. Medications include tramadol ER being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain, which is present in this case. The requested dosing is within guideline recommendations and medications are providing pain relief. In this case, there are no identified issues of abuse or addiction. Therefore, the continued prescribing of Tramadol ER is medically necessary.

Interlaminar Epidural Steroid Injection C7 w/fluoroscopy conscious sedation quantity 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating neck pain. When seen, medications are referenced as decreasing pain from 5/10 to 1/10. She was having intermittent upper extremity numbness. EMG/NCS testing had been completed showing findings of bilateral C6 radiculitis. A cervical spine MRI in December 2014 had shown findings multilevel disc herniations with foraminal and canal narrowing. Physical examination findings included normal strength and sensation with negative Spurling's testing. Medications include tramadol ER being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents a normal neurological examination with negative Spurling's testing. Therefore, the request is not medically necessary.

Interlaminar Epidural Steroid Injection C6 w/fluoroscopy conscious sedation quantity

1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating neck pain. When seen, medications are referenced as decreasing pain from 5/10 to 1/10. She was having intermittent upper extremity numbness. EMG/NCS testing had been completed showing findings of bilateral C6 radiculitis. A cervical spine MRI in December 2014 had shown findings multilevel disc herniations with foraminal and canal narrowing. Physical examination findings included normal strength and sensation with negative Spurling's testing. Medications include tramadol ER being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents a normal neurological examination with negative Spurling's testing. Therefore, the request is not medically necessary.