

<b>Case Number:</b>	CM14-0145916		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 25-year-old male who reported an injury on 09/04/2012 while carrying a pipe, his coworker dropped the pipe and ripped it out of his hand while in a ditch, causing pain that radiated to the left upper extremity to the shoulder and the lower back pain. The injured worker complained of cervical lumbar and upper extremity pain. The injured worker had a diagnoses of cervical radiculopathy, lower back pain, rotator cuff sprain, and sprain of the neck, sprain of the lumbar region and syrinx of the spinal cord at the cervical. Diagnostics included x-rays, MRI of the cervical spine and an electromyogram. The MRI of the cervical spine dated 01/10/2013 revealed a small syrinx at the central cord, evident posterior to the C4-5 vertebral bodies and the rest of the exam was unremarkable. The past treatments included heat wave, medications, physical therapy, injections, and heat and ice. The physical examination dated 08/25/2014 of the cervical spine revealed 5/5 to bilateral extremities motor strength, sensation was intact and equal, deep tendon reflexes were a 1+ and symmetric. Spurling's sign was positive, no clonus or increased tone, Hoffman's sign was negative bilaterally and tenderness was noted over the cervical paraspinous. The range of motion was reduced in all planes and tenderness noted over the facet joints. Medications included Norco, omeprazole, NSAID use and cyclobenzaprine. The injured worker rated his pain at 4/10 to 5/10 with pain medications and an 8/10 to 9/10 without pain medication. The treatment plan included epidural steroid injection and a prescription for Norco. The Request for Authorization dated 09/12/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cervical ESI C6-C7 under fluroscopic guidance and conscious sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESISs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The request for 1 Cervical ESI C6-C7 under fluoroscopic guidance and conscious sedation is not medically necessary. The California MTUS Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 intralaminar level should be injected at 1 time. The guidelines recommend for repeat epidural steroid injection there must be objective documented pain relief and functional improvement including at least 50% pain relief with associated reduction of medication use of 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical notes indicate that the injured worker rated his pain with medication a 4/10 to 5/10 but, without pain medication was an 8/10 to 9/10 indicating that the pain medication was providing the injured worker with adequate pain relief. along The heat and ice also provided the injured worker with pain relief. As such, the request is not medically necessary.

**1 Prescription of Norco 10/325 mg # 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The request for 1 Prescription of Norco 10/325 mg # 120 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing for all opioids should not exceed 120 mg oral morphine equivalent per day. The clinical notes did not address evidence that the injured worker had been monitored for aberrant drug behavior and side effects. The request did not indicate the frequency. As such, the request is not medically necessary.