

<b>Case Number:</b>	CM13-0028952		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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, 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:

This 64-year-old patient sustained an injury when a 15-25 pound binder fell on her head, neck, and bilateral shoulders on 9/24/12 while employed by [REDACTED]. Requests under consideration include a urine drug test, performed on 8/20/13, and bilateral C3-C5 Medial Branch Blocks. Diagnoses listed chronic neck pain; cervical spondylosis; Cervical radiculopathy; and cervical facet syndrome. Report of 6/24/13 from the provider had request for cervical epidural steroid injection for the patient's ongoing radicular neck pain with numbness and tingling radiating into the right upper extremity. Exam noted decreased sensation involving the right upper extremity. Report of 8/20/13 noted persistent neck pain rated at 7/10 with associated head aches and dizziness. Pain radiated to the bilateral upper extremities, arms, and hands. Conservative care has included physical therapy, acupuncture, and medications (listed Naproxen and Protonix). Exam noted moderate tenderness to palpation and spasms over the paraspinal muscles and C3-C5 facet levels; positive right impingement sign with limited shoulder range and tenderness at AC joint; motor strength report as 5/5 with DTRs 2+. The above requests were non-certified on 9/17/13 citing guidelines criteria and lack of medical necessity

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG TEST PERFORMED 8/20/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section, Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Page(s): 43.

**Decision rationale:** This 64 year-old female patient sustained an injury when a 15-25 pound binder fell on her head, neck, and bilateral shoulders on 9/24/12 while employed by [REDACTED]. According to the Chronic Pain Medical Treatment Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who is currently being prescribed Naproxen and Protonix, both non-opiates. Presented medical reports from provider have unchanged chronic severe pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS (urine drug screen). Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The request for a urine drug test, performed on August 20, 2013, is not medically necessary and appropriate

**BILATERAL C3-C5 MEDIAL BRANCH BLOCKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks Section, pages 601 - 602

**Decision rationale:** This 64 year-old female patient sustained an injury when a 15-25 pound binder fell on her head, neck, and bilateral shoulders on 9/24/12 while employed by [REDACTED]. Report of 6/24/13 from the provider had request for cervical epidural steroid injection for the patient's ongoing radicular neck pain with numbness and tingling radiating into the right upper extremity. Exam noted decreased sensation involving the right upper extremity. Report of 8/20/13 noted persistent neck pain rated at 7/10 with associated head aches and dizziness. Pain radiated to the bilateral upper extremities, arms, and hands. Conservative care has included physical therapy, acupuncture, and medications (listed Naproxen and Protonix). Per report review, subjective complaints and previous request for epidural steroid injections to relieve the patient's radicular complaints and diagnoses were indicative of radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. Submitted reports have not documented failure of conservative treatment (including home exercise, PT [physical therapy] and NSAIDs [non-steroidal anti-inflammatory drugs]). Guidelines note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies." The request for bilateral C3-C5 medial branch blocks is not medically necessary and appropriate.

