

Case Number:	CM13-0048105		
Date Assigned:	12/27/2013	Date of Injury:	05/15/2004
Decision Date:	04/29/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pain Management, has a subspecialty in Interventional Spine 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 patient presents with neck and back pain along with pain down both upper and lower extremities. The level of the CESI was not provided. On reviewing the pain management notes from [REDACTED], there was some suggestion of right side radiculopathy with positive Spurling's test, but no specific dermatomal pattern or nerve root distribution was identified. I reviewed the prior CESI procedural report form 10/4/12, by [REDACTED], but it does not list what levels were injected or what nerve roots were targeted. The cervical MRI from 2/10/09 states there were multiple areas of foraminal stenosis C4-7 bilaterally. There were no electrodiagnostic reports available for review. The request is not in accordance with MTUS guidelines, there is no pattern of radiculopathy identified by physical exam, and this does not corroborate with the bilateral MRI findings. Therefore, the requested CESI is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (CESI) UNDER FLUOROSCOPIC GUIDANCE: Upheld

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

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

Decision rationale: The patient presents with neck and back pain along with pain down both upper and lower extremities. The level of the CESI was not provided. On reviewing the pain management notes from [REDACTED], there was some suggestion of right side radiculopathy with positive Spurling's test, but no specific dermatomal pattern or nerve root distribution was identified. I reviewed the prior CESI procedural report form 10/4/12, by [REDACTED], but it does not list what levels were injected or what nerve roots were targeted. The cervical MRI from 2/10/09 states there were multiple areas of foraminal stenosis C4-7 bilaterally. There were no electrodiagnostic reports available for review. The request is not in accordance with MTUS guidelines, there is no pattern of radiculopathy identified by physical exam, and this does not corroborate with the bilateral MRI findings. Therefore, the requested CESI is not medically necessary or appropriate.

OXYCONTIN 20MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The patient presents with neck and back pain and pain in all extremities. The physician notes that when the patient takes OxyContin, the pain drops to a 6/10. The patient states that without medication the pain is at 9.5/10. The Chronic Pain Medical Treatment Guidelines state that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient has a satisfactory response to OxyContin. The Chronic Pain Medical Treatment Guidelines do not require discontinuing or weaning of medications that are producing a satisfactory response. Therefore, the requested OxyContin is medically necessary.

URINE DRUG SCREENING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pages 10 and 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with neck and back pain and pain in all extremities. He takes OxyContin. The California MTUS Guidelines allow for urine drug screenings to assess the presence of illegal drugs. The records show that the patient has had screenings on 3/8/13, 4/8/13, 5/7/13, 7/3/13, 10/4/13 and 11/27/13. The California MTUS Guidelines do not specifically

discuss the frequency that these screenings should be performed. The Official Disability Guidelines are more specific on the topic and state that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of this patient being at high, medium or low risk. The Official Disability Guidelines state that for patients at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for the urine drug screening is not in accordance with the frequency listed under the guidelines. Therefore, the requested urine drug screening is not medically necessary or appropriate at this time.