

Case Number:	CM13-0059252		
Date Assigned:	04/25/2014	Date of Injury:	11/20/1996
Decision Date:	06/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/01/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 is a 46-year-old female who was injured on November 20, 1996. The patient continued to experience pain in her neck, upper extremities, and headaches. The physical examination was notable for tenderness to palpation over the trapezius and cervical area, normal motor and sensory examination. The diagnoses included cervical myofascial pain syndrome, cervicgia, cervical radiculopathy, and fibromyalgia. The treatment included medications and home exercise program. Requests for authorization for one cervical epidural injection under fluoroscopic guidance with anesthesia and urine toxicology screen were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) CERVICAL EPIDURAL INJECTION UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MAY 2009), EPIDURAL STEROID INJECTIONS (ESIs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs), Page(s): 46.

Decision rationale: According to the Chronic Pain Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between two (2) and (6) weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond three (3) months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, documentation in the medical records did not support the diagnosis of radiculopathy. The patient had no motor or sensory deficits. Medical necessity has not been established. The request should not be authorized.

ONE (1) URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MAY 2009, (SUBSTANCE ABUSE - TOLERANCE, DEPENDENCE, ADDICTION). Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, URINE DRUG TESTING.

Decision rationale: The Chronic Pain Guidelines state that urinary drug testing should be used where there are issues of abuse, addiction, or pain control in patients being treated with opioids. The Official Disability guidelines criteria for urinary drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within six (6) months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing two-to-three (2-3) times a year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. This patient was not exhibiting aberrant/addictive behavior. Urine drug testing was done in September 2013. It was not medically necessary until September 2013. The request should not be authorized.