

Case Number:	CM13-0061240		
Date Assigned:	12/30/2013	Date of Injury:	10/29/2008
Decision Date:	04/11/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 43-year-old female who reported injury on 10/29/2008. The mechanism of injury was not provided. The documentation of 11/19/2013 revealed the patient had moderately severe neck pain and the problem had worsened. The frequency of the pain was noted to be daily. The location of the pain was bilateral neck pain, bilateral posterior neck, bilateral shoulders, and bilateral arms. There was noted to be radiating pain to the arms. The patient's pain was noted to be aggravated by daily activities and jumping and rolling over in bed. The patient's diagnoses were noted to include myalgia and myositis, unspecified, radial styloid tenosynovitis, headache, muscle spasms, other pain disorder related to psychological fact, cervicalgia, C5-6 cervical fusion, cervical spondylosis without myelopathy, postlaminectomy syndrome of the cervical region, and degeneration of the cervical intervertebral disc as well as chronic pain due to trauma. The year of the fusion was noted to be in 2010. The patient had decreased range of motion of the cervical spine, had active painful range of motion. The patient was noted to have significant myofascial tenderness of the cervical support muscles and the upper back muscles, right sided symptoms more than left. The patient was unable to progress in a functional restoration program. The request was made for cervical hardware injection, and laboratory studies including CBC with diff, chem 19, EIA9, gabapentin, trazodone, TSH, UA complete, and alprazolam. The physician opined a hardware injection might be in order to see whether the retained hardware is holding the patient back and causing her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Hardware Injection C5-6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware injection (block)

Decision rationale: Official Disability Guidelines indicate a hardware injection is recommended for a diagnostic evaluation of failed back surgery syndrome. The injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. The patient had a fusion at the level of C5-6 in 2010. Clinical documentation submitted for review indicated the patient had ongoing pain. The patient was unable to progress in a functional restoration program. The physician opined that the retained hardware might be holding the patient back and causing her pain. Given the above, the request for cervical hardware injection at C5-6 is medically necessary.

Urinalysis, CBC w/diff, Chem 19: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus> & <http://www.cigna.com/pealthinfo>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory Testing, NSAIDS, Ongoing Management Page(s): 70, 78.

Decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to support the necessity or provide the rationale for the requested testing. Given the above, the request for Urinalysis, CBC w/diff, Chem 19 is not medically necessary.