

Case Number:	CM13-0068937		
Date Assigned:	01/03/2014	Date of Injury:	09/26/1997
Decision Date:	04/22/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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, has a subspecialty in Pain Management 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 is a 66-year-old female with date of injury 09/26/1997. Per treating physician's report, 11/19/2013, the patient presents with neck pain at its intensity of 5/10 to 7/10. The patient underwent left C6-C7 and C7-T1 transfacet epidural steroid injections on 10/25/2013 with developing severe headaches. Listed diagnoses are: 1. Status post anterior cervical discectomy and fusion. 2. Cervical disk disease. 3. Cervical radiculopathy. 4. Status post left shoulder arthroscopy x2. The treating physician is recommending second left C6-C7 and C7-T1 transfacet epidural steroid injection. Under discussion, the treating physician indicates that the patient experienced 50% to 60% improvement from the injection and was able to reduce medication by approximately 1/3. The patient felt that the numbness has improved and had some mild headaches after the procedure but that has resolved. The patient's pain is described as radiating to the shoulders and arms with spasm, pulling, numbness, and tingling sensation. This report does not list any medications. Review of the reports show that the patient has had 2 epidural steroid injections (ESI) from 2012; first one was on 07/03/2012 where epidural steroid injection was provided with catheter and the second ESI was on 10/30/2012 where cervical epidural steroid injection was also provided with catheterization.

IMR ISSUES, DECISIONS AND RATIONALES

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

2ND LEFT C5-C7 AND C7 TRANSFACET STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic neck and upper extremity pains. The patient has had cervical fusion from C5 to C7 from year 2000. The treating physician is requesting second cervical epidural steroid injection via transfacet route. Review of the reports show that on 11/19/2013, treating physician is reporting 50% to 60% or more reduction of pain following cervical epidural steroid injection. However, he does not report duration of relief. While the treating physician indicates that the patient had reduction of pain medication use by 1/3, he does not provide documentations regarding what medications are used and what medications are actually taken less of. There are no operative reports provided and no progress reports following the procedure. However, review of the patient's injection history shows that on 07/03/2012 and 10/30/2012, the patient had similar injection performed by another physician. At that time, the patient had epidural steroid injection with catheter placement. While the treating physician believes that this patient had significant reduction of pain following these procedures, review of the actual reports tell a different story. On 10/10/2012, treating physician states that the patient experienced 60% to 70% reduction of pain lasting approximately 2 weeks. On 08/28/2012, the patient had persistent pain in the neck and there was no discussion regarding efficacy of the epidural steroid injection which was received just 6 to 7 weeks prior. MTUS Guidelines require 50% reduction of pain, with functional improvement and reduction of medication use to consider repeat epidural steroid injection. MTUS Guidelines also require clear documentation of radiculopathy which is dermatomal distribution of pain, paresthesia corroborated by MRI findings. In this case, it is clear that prior injections have really not provided more than 50% reduction of pain lasting 6 to 8 weeks. There is no clear documentation of radiculopathy at C6 and C7 levels. The treating physician does not mention positive EMG studies, no discussion of MRI findings are noted describing any nerve root issues including disk herniation or stenosis at the level that the treating physician wants to inject. In fact, the patient had fusion at C5 to C7 and it is difficult to argue that there is ongoing nerve root irritation at these levels. Most importantly, despite repeated injections, twice in year 2012 and once in 2013, there are no documentation of significant pain reduction and the clear improvement in patient's function. While the treating physician believes that this patient experiences 50% to 60% reduction of pain, duration of relief does not appear to meet the required 6 to 8 weeks. While the treating physician believes that the patient is taking less medication, he does not provide clear documentation of which medication the patient is taking less of. Recommendation is for denial.

URINE DRUG TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for Steps to avoid opioid misuse, Page(s): 94-95.

Decision rationale: This patient presents with chronic neck pain with prior history of cervical fusion at C5 to C7 from year 2000. There is a request for urine drug screen per report 11/19/2013. Despite review of 748 pages of reports provided, there was not a report of urine drug screen. However, there are multiple reports from [REDACTED] from 06/07/2013, 04/25/2013, and other reports that show that the patient is taking Norco for chronic pain. MTUS Guidelines support use of urine drug screen to monitor aberrant drug behavior when patients are placed on chronic opiates. ODG Guidelines allow up to yearly urine drug screens for low risk chronic opiate users. In this case, use of urine drug screen appears appropriate and needed to monitor the patient's chronic opiate use, namely, Norco. Recommendation is for authorization.