

Case Number:	CM14-0017938		
Date Assigned:	04/16/2014	Date of Injury:	09/27/2002
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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:

The patient is a 61 year old female who was injured on 09/27/2002. The mechanism of injury is unknown. Prior treatment history has included radiofrequency ablation of median branches left cervical C3-C6 on 11/15/2013 and 08/17/2012; radiofrequency ablation of median branches, right cervical C3-C6 on 07/08/2013 and 02/09/2011; and TFESI right cervical C5-6 on 08/10/2010. Diagnostic studies reviewed include MRI scan of the cervical spine is dated 10/24/2011 revealed a broad-based central and right paracentral disc herniation at C5-C6, which in conjunction with uncinat process hypertrophy results in impression on the right lateral recess by approximately 3 mm. There is mild central canal stenosis. There is moderate to severe There is no significant facet hypertrophy. Urine toxicology review dated 01/28/2014 shows the patient is consistent with the prescribed medications. Chronic pain clinic note dated 03/31/2014 states the patient complains of bilateral neck pain and the pain is now radiating into the shoulders since she has been out of medication. She rates the pain at 8/10. She has bilateral neck pain which is not interfering with sleep. She had radiofrequency rhizotomy of median branches left C3, C4, C5 and C6 on 11/15/2013 and was doing fine with only Norco 10/325 up to 3 pills per day. But recently this medication was abruptly discontinued and her pain has substantially increased, including her feeling of referral which has increased in both shoulders. She was able to tolerate the 5/10 pain which with the medication used to go down to 3-4/10, but now since all of her medications have been discontinued, the pain has increased. On examination of the neck and cervical spine, facet joint provocation was positive bilaterally but at end range. The patient surprisingly, had fairly decent range of motion without any significant pain at 40 degrees cervical rotation on either side beyond 40 degrees. The patient had reproduction of her ipsilateral neck pain and shoulder pain. She does have significant foraminal stenosis at multiple levels in her cervical spine. There were no sensory motor deficits in upper bilateral lower

extremities. There is moderate muscle spasm. There are tender trigger points overlying the trapezius muscle bilaterally, and also at the paraspinal muscles at C5-6, C6-7 also bilaterally. The plan is cyclobenzaprine 7.5 mg twice a day for 3-4 days. The patient should be allowed Norco 10/325 every 6-8 hours when necessary for pain, limit 2-3 per day up to 40 a month. The patient had a urine drug screen on 02/13/2014 which showed consistent results with the patient's prescription medication. Diagnoses are cervical spondylosis, shoulder joint pain, and cervicobrachial syndrome. Chronic pain clinic note dated 01/28/2014 indicated the patient complained of left shoulder and as always had pain in the left cervicothoracic region and left shoulder, but the shoulder pain has increased substantially recently. On examination of the neck and cervical spine, facet provocation was uncomfortable bilaterally with pain affected on the cervicothoracic region. This was greater on the right than the left side and range of motion is fairly good, and it is believed that the radiofrequency rhizotomies are still effective. On the right side, there is pain produced with cervical rotation and extension which is believed to be secondary to the severe foraminal stenosis C5, C6, as this pain was reflected under the cervicothoracic region. There is a usual region on the right side that hurts. The same region is hurting on the left side, which is constant, but on the right side is intermittent depending upon activity. The left trapezius muscle but tender trigger points. Deep tendon reflexes biceps, triceps and supinator were 2+ and symmetrical bilaterally. There were no sensory motor deficits, bilateral upper extremity. The left AC joint and anterior acromion are both tender and the patient has a positive Hawkins and impingement test. The plan is diagnostic/therapeutic left AC joint and subacromial bursa steroid injection; and TFESI right C5-6 under fluoroscopic guidance and conscious sedation. On chronic pain clinic note dated 09/30/2013, the patient is noted to have fairly good relief in the right side of her neck after radiofrequency ablation medial branches C3-C6; this was performed on 07/08/2013. The patient had near complete unmasking of left-sided neck pain and cervicothoracic pain and perceives the same pain for which she had radiofrequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC/THERAPEUTIC LEFT AC JOINT AND SUBACROMIAL BURSA STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, STEROID INJECTIONS.

Decision rationale: According to the ODG, steroid injection is recommended in cases of adhesive causalities, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. The medical records document the patient was diagnosed with cervical spondylosis, joint pain shoulder, and cervicobrachial syndrome. In the absence of documented adhesive capsulites, impingement syndrome or rotator cuff disorder through diagnostic studies, the request is not medically necessary according to the guidelines.

RIGHT C5-6 TFESI UNDER FLUOROSCOPIC GUIDANCE AND CONSCIOUS SEDATION: Upheld

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

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 California MTUS guidelines, ESIs are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The medical records document was diagnosed with cervical spondylosis, joint pain shoulder, and cervicobrachial syndrome. The patient had receives cervical sessions of radiofrequency ablation of median branches on left and right of C3-C6. In the absence of documented at least 50% pain relief with associated reduction of medication use for six to eight weeks, and absence of documented radiculopathy by physical examination and imaging and/or electrodiagnostic testing, the request is not medically necessary according to the guidelines.

QUARTERLY URINE DRUG SCREEN: 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 DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: According to the California MTUS guidelines, drug testing is recommended for as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. According to ODG, UDT is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. The medical records document the patient was on Norco10/325 every 8 hours, the urine toxicology review dated 1/28/2013 revealed the lab result was consistent with the patient's prescribed medications. In the absence of documented addiction /aberrant behavior, and the last UDT was consistent with prescribed medication, further, there is no medical necessity for quaternary UDT as the patient is not considered at risk of addiction. Therefore, the request is not medically necessary at this time according to the guidelines.