

Case Number:	CM14-0018733		
Date Assigned:	04/18/2014	Date of Injury:	02/21/2005
Decision Date:	07/02/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/13/2014

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 injured worker is a 58-year-old female who reported injury on 02/21/2005. The mechanism of injury was cumulative trauma. The injured worker underwent urine drug screens on 08/29/2013 and 12/11/2013. The documentation of 01/28/2014 revealed the injured worker had complaints of sharp pain in the neck. Physical examination revealed the injured worker had a positive axial head compression test and Spurling's test bilaterally. The injured worker had facet tenderness to palpation over C4-7. The injured worker's sensation was decreased in the bilateral C5 and right C6 dermatomes to pain, temperature, light touch, vibration and 2 point discrimination. The injured worker's strength was 4/5 bilaterally in the C5 distribution for the shoulder abductors and in the right for the C5-6 was 4/5 for the elbow flexors. The diagnoses included cervical disc disease, cervical radiculopathy, status post right shoulder arthroscopy times 3 and left shoulder arthroscopy times 2. It was indicated the injured worker had an MRI of the cervical spine showing degenerative disc disease with narrowing of the neural foramina at C4-5 and right at C5-6. The treatment recommendations included a bilateral C4-5 and right C5-6 transfacet epidural steroid injection times 2, a urine toxicology screen as well as followup with orthopedic surgeons and an aggressive home exercise program including the use of traction and interferential unit. The request was made for urine toxicology to establish a baseline, ensure compliance with medications and ensure the injured worker was not taking medications from multiple sources or taking illicit drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C4-C5 AND RIGHT C5-C6 TRANSFACET EPIDURAL STEROID INJECTIONS X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documented radiculopathy. There must be objective physical examination findings that are corroborated by imaging studies and/or electrodiagnostic testing and the injured worker's pain must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and had failed conservative treatment including physical therapy, chiropractic treatment, medication, rest and a home exercise program; however, the official MRI report was not submitted for review to corroborate the objective physical findings. The request was submitted for 2 injections and there was a lack of clarity as to whether it was the requested procedure for 2 levels or whether injections were being requested on 2 separate dates. Given the above, and the lack of clarity, the request for bilateral C4-5 and right C5-6 transfacet epidural steroid injections times 2 is not medically necessary.

URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review indicated the injured worker had undergone 2 previous urine drug screens. There was lack of documentation indicating the injured worker had issues of abuse, addiction or poor pain control. The request as submitted failed to indicate the quantity of drug tests being requested. Given the above, the request for urine drug test is not medically necessary.