

Case Number:	CM14-0113015		
Date Assigned:	08/01/2014	Date of Injury:	10/11/2008
Decision Date:	11/06/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 46-year-old male with a 10/11/08 date of injury, and status post C5-6 fusion in 2009. At the time (6/12/14) of request for authorization for cervical epidural steroid injection at C7-T1 and urine toxicology screen next visit, there is documentation of subjective (cervical spine pain rated 8/10 and weakness in the hands) and objective (cervical spine limited range of motion, tenderness to palpation, positive shoulder depression test, and positive Spurling's bilaterally, 4/5 muscle strength at C5, C6, C7 and C8) findings, current diagnoses (cervical myelomalacia possibly related to initial spinal injury versus initial spinal surgery), and treatment to date (medications (including ongoing use of Norco), trigger point injections, activity modification, physical therapy and epidural steroid injections (2010 with reported good improvement)). Regarding the requested cervical epidural steroid injection at C7-T1, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response with previous epidural steroid injection. Regarding the requested urine toxicology screen next visit, there is no documentation that patient is at moderate risk of addiction & misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Official Disability Guidelines (ODG) identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of cervical myelomalacia possibly related to initial spinal injury versus initial spinal surgery. In addition, there is documentation of previous epidural steroid injections with reported good improvement. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response with previous epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection at C7-T1 is not medically necessary.

Urine Toxicology Screen next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of cervical myelomalacia possibly related to initial spinal injury versus initial spinal surgery. In addition, there is documentation of ongoing opioid treatment and prior urine drugs tests (12/13 and 1/14) reported as consistent. However, there is no documentation that patient is at moderate risk of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for urine toxicology screen next visit is not medically necessary.

