

Case Number:	CM14-0139137		
Date Assigned:	09/05/2014	Date of Injury:	01/10/2013
Decision Date:	10/09/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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 Illinois. 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 32-year-old female with a reported date of injury on 01/10/2013. The mechanism of injury was noted to be from a twisting injury. Her diagnoses were noted to include ankle sprain, lumbar disc herniation, cervical sprain, lumbar neuritis, lumbar sprain, cervical neuritis, and anxiety/depression. Her previous treatments were noted to include physical therapy, knee immobilizer, chiropractic treatment, and medication. The electrodiagnostic test performed 06/04/2014 revealed no evidence to suggest a lumbar radiculopathy of acute nature. There was also no evidence to suggest a peripheral entrapment neuropathy or peripheral polyneuropathy. The progress note dated 07/24/2014 revealed complaints of moderate pain to the right ankle region, frequent more than moderate pain to the lumbar region that radiated into the right lower extremity. The frequent moderate pain within the cervical region radiated into the right arm and more than moderate anxiety/depression continued. The injured worker indicated that without treatment/medication, her industrial related symptom complex had increased and her function/activities of activities of daily living had decreased. The physical examination revealed a positive bilateral shoulder depression test, bilateral maximal foraminal compression, cervical distraction, bilateral Yeoman's, bilateral Kemp's, right straight leg raise, right Braggard's, varus/valgus stress test at the right ankle. The cervical and lumbar range of motion was limited and the injured worker had an altered gait. Movement and orthopedic testing procedures revealed grimacing of the face. All movements were slow and deliberate due to pain. The Request for Authorization form dated 07/24/2014 was for physician pharmacological management 1 time per month for 2 months to decrease pain and increase activities of daily living and overall function, random UA testing 3 times per 6 months to confirm medication treatment, CMP 3 times per 6 months to monitor liver and kidney status, and referral to pain management specialist for ESI/facet injection evaluation due to the significant MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to Physician for Pharmacological Management 1 Time Per Month for 2 Months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for referral to a physician for pharmacological management 1 time per month for 2 months is not medically necessary. The injured worker indicated without treatment/medication, her industrial related symptom complex continued to increase and her function/activities of daily living had decreased. The CA MTUS/ACOEM guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. According to the most recent progress note, the injured worker's condition had worsened without treatment or medications. Based on the clinical records and the guideline recommendations, a referral with a specialist is reasonable, however, by an evaluation is recommended. However, an evaluation is to be completed before follow-up appointments are necessary and therefore, the request for pharmacological management 1 time per month for 2 months is not medically necessary.

1 Request for Random UA Testing 3 Times per 6 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic) Urinalysis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, Steps to avoid misuse/abuse Page(s): 43, 94.

Decision rationale: The request for a random UA testing 3 times per 6 months is not medically necessary. The injured worker indicated she had been unable to utilize medications. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines state for those at high risk of abuse the physician may require frequent urine toxicology screens. There is a lack of

documentation regarding the injured worker's medication regimen and whether the injured worker is utilizing opioids to necessitate a UA. Therefore, due to the lack of documentation regarding opioid utilization, a urinalysis is not appropriate at this time. Therefore, the request is not medically necessary.

1 Request for CMP 3 Times per 6 Months: 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 NSAIDs, Specific Drug list and adverse effects Page(s): 70.

Decision rationale: The request for a CMP 3 times per 6 months is not medically necessary. The injured worker indicated she had not been taking medications and therefore, had an increase in pain and decrease in overall function. The California Chronic Pain Medical Treatment Guidelines suggest routine monitoring with the utilization of NSAIDs with 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. There is a lack of documentation regarding the injured worker's medication regimen to warrant a CMP and the guidelines recommend an initial test 4 to 8 weeks after starting NSAID therapy. Therefore, the request is not medically necessary.

1 Referral To Pain Management Specialists for ESI/Facet Injection Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks. ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The CA MTUS/ACOEM guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines criteria for the use of epidural steroid injections is radiculopathy

must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injection should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The guidelines criteria for the use of diagnostic block is facet "mediated" pain, with a clinical presentation that should be consistent with facet joint pain signs and symptoms such as tenderness to palpation in the paravertebral areas over the facet region, a normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. One set of diagnostic medial branch blocks is required with a response of greater than 70%. The pain response should last at least 2 hours for lidocaine. The diagnostic facet blocks are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected at 1 session. There is a lack of documentation regarding an MRI or an Electrodiagnostic study performed to corroborate radiculopathy. The physical examination revealed a positive straight leg raise and there is a lack of documentation regarding positive tenderness to palpation in the paravertebral areas over the facet region. Therefore, due to the lack of documentation regarding clinical findings and imaging study to corroborate lumbar radiculopathy, an epidural steroid injection is not appropriate at this time. There is a lack of documentation regarding paravertebral pain over the facet region to the lumbar region and therefore, a facet injection is not appropriate at this time. Therefore, a referral to a pain management specialist for ESI/facet injection evaluation is not appropriate at this time. As such, the request is not medically necessary.