MAXIMUS Federal Services

Case Number:	CM14-0152891		
Date Assigned:	10/24/2014	Date of Injury:	01/31/2002
Decision Date:	12/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old woman who sustained a work related injury on January 31, 2002. Subsequently, she developed chronic neck, shoulder, and low back pain. According to the follow-up report dated September 25, 2014, the patient reported temporary improvement with cervical epidural steroid injections (ESIs). The patient has been complaining of a constant cervical area and upper extremities pain. She described her pain as sharp, dull/aching, throbbing, stabbing, and spasm. She rated her pain as a 8-9/10. Physical examination revealed diffuse tenderness over the cervical area. Loss of cervical lordosis. Range of motion was limited. There was diffuse lumbar tenderness and weakness at the bilateral upper extremity. Prior teatment included Narcotic pain mediactions, physical therapy, and ESIs. The patient was diagnosed with cervical radiculopathy, cervical discogenic spine pain, cervical degenerated disc disease, cervical facet arthropathy, sprain/strain lumbar region, and occipital neuralgia. The provider requested authorization for the followings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (amphetamine, methamphetamine, opiates, drug & metabolites, barbiturates, benzodiazepines, cocaine or metabolite, methadone, phencyclidine (PCP), chromatography/mass spectrometry, alcohol/ethanol testing, any specimen, except breath, creatinine test and unlisted chemistry procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 77-80. Decision based on Non-MTUS Citation ACOEM update 2008 Chronic pain Opioids, page(s) 143; and on the Non-MTUS Lab Tests Online, (www.labtestonline.org).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, urine toxicology screens are indicated to avoid misuse/addiction. < (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of the result of a previous UDS performed on March 13 2014. There is no rationale provided for requesting UDS test. There is no evidence of renal or other organ dysfunction that required blood testing. The provider has to specify the reason for the lab request. There is no evidence of renal dysfunction that justify testing for creatinine. Therefore, the request is not medically necessary.

Epidural Steroid Injection at C7-T1 (under anesthesia and with fluoroscopic guidance): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to the ACOEM Practice Guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. The patient file does not document that the patient is candidate for surgery. In addition, the patient has had previous ESIs with only temporary improvement. Furthermore, there is no recent clinical and objective documentation of radiculopathy. The ACOEM Practice Guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for epidural steroid injection at C7-T1 under anesthesia and with fluoroscopic guidance is not medically necessary.

Cervical Radiologic Examination: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Neck, indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM Practice Guidelines, x-rays of the cervical spine are recommended in case of red flags suggestive of for fracture or there is neurological deficit associated with acute trauma, tumor or infection. There is no evidence in the patient chart supporting the need of cervical x-ray. Therefore, the request for cervical x-ray is not medically necessary.