MAXIMUS Federal Services

Case Number:	CM14-0156705		
Date Assigned:	09/26/2014	Date of Injury:	12/30/2009
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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, 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:

This is a patient with a date of injury of 12/30/09. A utilization review determination dated 8/25/14 recommends non-certification of cervical ESI and UDS. 8/14/14 medical report identifies neck pain radiating down BUE to the hands with numbness and tingling 4/10 with medications and 8/10 without. On exam, there is cervical spasm, tenderness, limited ROM, and weakness in the "extensor muscles" and "flexor muscles" bilaterally. Pain was significantly increased with flexion, extension, and rotation of the neck. There is also lumbar spasm with tenderness, decreased strength in the BLE, and pain significantly increased with flexion and extension. Cervical MRI is said to demonstrate mild spinal canal narrowing at C5-6 and C6-7 secondary to small right paracentral disc protrusions and mild narrowing of the right neural foramen at C5-6. Recommendations include cervical ESI and UDS. Medications include Norco, gabapentin, ibuprofen, and pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-6 cervical epidural with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no recent subjective complaints consistent with pain in any specific dermatomal distribution(s) Additionally, there are no physical exam, imaging, and/or electrodiagnostic studies corroborating the diagnosis of radiculopathy at any specific level(s). In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

Right C4-6 cervical epidural with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no recent subjective complaints consistent with pain in any specific dermatomal distribution(s) Additionally, there are no physical exam, imaging, and/or electrodiagnostic studies corroborating the diagnosis of radiculopathy at any specific level(s). In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine drug screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no indication of the date and results of prior testing and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In the absence of such documentation, the currently requested urine drug screen is not medically necessary.