

Case Number:	CM14-0020617		
Date Assigned:	04/30/2014	Date of Injury:	04/12/2004
Decision Date:	07/14/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/19/2014

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 Family Medicine and is licensed to practice in Arizona. 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 44-year-old female with a date of injury on 4/12/2004. Diagnoses include chronic pain syndrome, cervical facet joint pain, knee pain, low back pain, and degenerative cervical disc disease. Subjective complaints are of worsening neck pain described as aching and burning, as well as pain in the lower back and a "lump" in the lumbar musculature. Physical exam shows tenderness over cervical spine C2-3 and C6-7, decreased cervical range of motion, with 5/5 strength, and intact sensation. The lumbar spine shows trigger point tenderness in the left L4-5 paraspinal muscles. Patient has had prior therapeutic intra-articular facet joint injections on the right on 1/13/13 and on the left done 4/15/13 with documented relief. The right sided injection was noted to provide over 50% pain relief for over a year. Medications include Norco, ibuprofen, tizanidine, and Nortriptyline. Urine drug screening was performed on 8/9/2013 and 2/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CERVICAL FACET STEROID INJECTIONS AT C2-3, C3-4, C4-5, C5-6, C6-7, RIGHT SIDE, UNDER FLUOROSCOPIC GUIDANCE WITH CONSCIOUS SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on her chronic medications. The patient is taking opioids, and there has been documentation of recent drug screens, approximately 6 months apart. Urine drug screening at this frequency is not supported by the guidelines or the clinical documentation. Therefore, urine drug screening is not medically necessary.

RETRO: TRIGGER POINT INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINTS, 122.

Decision rationale: The CA MTUS guidelines recommends trigger point injections for myofascial pain when trigger points are identified, symptoms have persisted for more than 3 months, and conservative treatments have failed including NSAIDS and muscle relaxants. Further criteria include no evidence of radiculopathy, and frequency of injections should not be greater than two months. Repeat injections are not recommended unless greater than 50% pain relief is obtained for six weeks and there is documented functional improvement. For this patient, previous trigger points were not documented, and patient has failed NSAIDS and muscle relaxants and has physical findings consistent with trigger points. Therefore, the medical necessity of this modality has been established.

RETRO: URINE TOXICOLOGY SCREENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 78.

Decision rationale: The CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on her

chronic medications. The patient is taking opioids, and there has been documentation of recent drug screens, approximately 6 months apart. Urine drug screening at this frequency is not supported by the guidelines or the clinical documentation. Therefore, urine drug screening is not medically necessary.