

Case Number:	CM14-0021505		
Date Assigned:	05/07/2014	Date of Injury:	12/28/2005
Decision Date:	07/09/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/20/2014

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 Neurological Surgery 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:

The records reflect that this 62-year-old individual sustained an industrial injury on 12/28/2005 while employed as a records specialist. The claimant fell off a ladder landing on her left side on the floor. She sustained multiple injuries including her neck, back and both hips. At the most recent office visit dated 1/20/2014, the claimant complained of burning neck pain that radiates into the right posterior occipital region as well as both upper extremities persistent mid back above her previous fusion, occasional symptoms radiating into the left lower extremity, and left hip pain. Examination of the cervical spine demonstrates a well healed anterior/posterior surgical scar; bilateral cervical paraspinous tenderness; significant tenderness to palpation over the nuchal ridge on the right in the region of the greater occipital nerve. Cervical spine range of motion documented flexion 30, extension 20, right rotation 30 and left rotation 30. Neurological exam of the upper extremities revealed 5/5 muscle tone and muscle strength bilaterally; sensory exam intact; biceps, triceps and brachioradialis reflexes are active and symmetrical bilaterally. Grip strength showed: left hand grip strength 16.9, 21.3, 18.6 kg; right hand grip strength 23.0, 24.7, 22.1 kg. examination of the lumbar spine demonstrated lumbar paraspinous tenderness; with a healed surgical scar from the lower thoracic to sacral region bilateral paraspinous tenderness with 1+ palpable muscle spasm present. Lumbar range of motion documented flexion 30 and extension 5. Negative straight leg raise exam bilaterally. Diagnostic studies included an MRI of the cervical spine without contrast dated 5/25/2012 which showed multilevel degenerative disc and spine disease; C4-C6 left paracentral disc/osteophyte complex causing moderate left-sided central canal stenosis and severe left neuroforaminal stenosis. The claimant was treated conservatively for a number of years but eventually underwent a L4-S1 fusion on 5/7/2009, followed by a T10 - Pelvis anterior/posterior fusion on 11/1/2011; as well as a right total hip arthroplasty on 10/20/2010. The patient underwent an anterior cervical discectomy and

fusion from C4-C7 on 11/1/2012. The claimant underwent physical therapy over a year ago and currently takes Percocet, Zanaflex, Imitrex, and Cymbalta on a regular basis. A request was made for Percocet 10/325 mg #120 (approved), random urine drug screening conducted once each quarter (denial), acupuncture 2 times per week for 4 weeks for neck pain (modified approval), a T8/9 epidural steroid injection under fluoroscopic guidance (denial), and reevaluation in one month (approved). The non-certification dated 2/6/2014 appears to be based on lack of documentation of a diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANDOM URINE DRUG SCREENING CONDUCTED ONCE EACH QUARTER (4 TIMES A YEAR): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ; 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page 78 of 127.CRITERIA FOR USE OF OPIATES; Therapeutic Trial of Opioids, 4) On-Going Management Page(s): 78 OF 127.

Decision rationale: CA MTUS treatment guidelines support the use of urine drug screen as part of ongoing chronic opiate management. When noting the claimant's multiple medications to include antipsychotics, there is a clear clinical indication for the use of urine drug screen for the management of this individual's chronic pain. Therefore, this request is considered medically necessary.

ACUPUNCTURE 2X4 FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Treatment guidelines support the use of acupuncture in certain clinical settings: as an option when pain medications are reduced or not tolerated; and/or in conjunction with a physical rehabilitation or after surgical intervention to hasten functional recovery. Given the lack of documentation of functional improvement with acupuncture treatment, there is insufficient data provided to support an extension of treatment. Therefore, this request is not considered medically necessary.

T8-T9 EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ; 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 46 OF 127.

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative treatment. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of thoracic spine examination or any imaging studies of the thoracic spine. As such, the requested procedure is deemed not medically necessary.