

Case Number:	CM14-0029275		
Date Assigned:	06/20/2014	Date of Injury:	08/16/1986
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehabilitation and is licensed to practice in Minnesota. 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 58-year-old female who reported an injury on 08/16/1986. The mechanism of injury was not provided within the documentation. Former treatments were not included within the documentation. The injured worker was noted to have diagnoses of cervical spine sprain/strain with right upper extremity radiculitis, degenerative disc disease at C3-6, a 4 mm disc protrusion at C3-4 with stenosis, at C4-5 a 3.8 mm disc bulge with stenosis, and at C5-6 a 3.8 mm disc bulge with stenosis indicated by a MRI dated 09/2013. The injured worker had a clinical evaluation on 05/12/2014. The injured worker had complaints of ongoing neck pain radiating to the bilateral upper extremities, more so on the left. The physical examination to the cervical spine noted tenderness to palpation that was present over the paravertebral muscles associated with guarding and spasm. Axial compression test was positive. Sensation was noted to be decreased along the left upper extremity in a patchy distribution. The provider's rationale for the requested services was not provided within the documentation. The Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 right L4-L5 transforaminal epidural steroid injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The request for 2 right L4-5 transforaminal epidural steroid injections are not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate epidural steroid injections are recommended as an option for treatment of radicular pain. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including a home exercise program. The guidelines provide criteria for the use of epidural steroid injections. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. An individual must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 epidural steroid injections. The injured worker had an examination on 05/12/2014. She had complaints of ongoing neck pain radiating to the bilateral extremity, more so on the left. It was noted that the injured worker had conservative treatment, although it was not documented what treatment she had and the efficacy of that treatment. It was also noted that the injured worker had an abnormal MRI. However, MRI official report is not within the documentation submitted for review. An adequate neurological examination of the lower extremities and examination of the lumbar spine was not documented. The documentation fails to indicate nerve root involvement. The guidelines indicate that there must be an MRI providing evidence of nerve root involvement and this has not been provided with this review. In addition, the injured worker had documented cervical symptoms and the physical examination was for the cervical spine. Therefore, the request for 2 right L4-5 transforaminal epidural steroid injections are not medically necessary.

One urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The request for 1 urine drug screen is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. A urine drug screen is also recommended for patients with ongoing management of opioid therapy. This is useful to differentiate between dependence and addiction, or risk of addiction. It was not noted within the documentation provided that the injured worker is on opioids or at risk of drug dependence. The injured worker has a consult for pain management, although there was no indication that the injured worker is taking medications for pain based on the information submitted with this review. According to the guidelines, the documentation fails to support a need or a medical necessity for a urine drug screen. Therefore, the request for 1 urine drug screen is not medically necessary.

One LSO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-301.

Decision rationale: The request for 1 LSO brace is not medically necessary. The California MTUS/ACOEM Guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker had an evaluation on 05/12/2014. At that time, the injured worker had complaints of ongoing neck pain radiating into the bilateral upper extremity, more so on the left. The physical examination was only on the cervical spine and all diagnoses are diagnoses of the cervical spine. There is a lack documentation to support a lumbar brace and it is not within the guidelines. Therefore, the decision for 1 LSO brace is not medically necessary.