

Case Number:	CM14-0082479		
Date Assigned:	07/21/2014	Date of Injury:	10/27/2011
Decision Date:	09/18/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/04/2014

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 Occupational Medicine 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 patient is a 53-year-old male who has submitted a claim for cervical radiculitis, chronic pain, lumbar radiculitis, bilateral elbow pain, bilateral knee pain, bilateral shoulder pain, chronic constipation, gastritis, medication related dyspepsia, and history of lumbar compression fracture associated with an industrial injury date of 10/27/2011. Medical records from 04/23/2012 to 07/03/2014 were reviewed and showed that patient complained of neck pain graded 2-6/10 radiating down bilateral upper extremities with associated numbness of bilateral hands. The pain was aggravated by activity, repetitive head motions, and rotation. Physical examination revealed tenderness and spasm over cervical paraspinal and trapezius muscles bilaterally. Cervical spine ROM was limited secondary to pain. MMT showed decreased flexor and extensor muscle strength bilaterally. DTRs of upper extremity were intact. Sensorial evaluation of upper extremities was not documented. Tinel's test was positive bilaterally. MRI of the cervical spine dated 04/18/2014 revealed C3-4, C4-5, and C5-6 disc protrusion with mild spinal stenosis, C7-T1 disc protrusion without spinal stenosis, C3-4 mild bilateral left neural foraminal narrowing, C5-6 and C6-7 mild bilateral neural foraminal narrowing, C2-3 through C6-7 disc desiccation, and C3-4 and C5-6 mild to moderate disc height loss. EMG/NCS study of bilateral upper extremities dated 09/20/2013 revealed mild slowing of sensory branches of ulnar nerve from elbows to wrists bilaterally. Of note, urine drug screen 01/07/2014 detected Tramadol and Desmethyldiamorphine. Urine drug review dated 04/29/2014 detected Acetaminophen only. Treatment to date has included physical therapy, acupuncture, aquatic therapy, pain medications such as Gabapentin 600mg #30 (prescribed since 01/07/2014) and Hydrocodone/APAP 5/500mg #30 (prescribed since 01/07/2014), and Vicodin (DOS: 01/07/2014). Of note, patient did not notice improvement with PT (PT notes: 03/19/2014 to 04/07/2014). Utilization review dated 05/20/2014 denied the request for cervical epidural injections bilateral C4-6 levels because the

objective findings did not demonstrate focal neurologic deficits. Utilization review dated 05/20/2014 denied the request for urine drug test because the guidelines only support random testing 1-2 times for patients who are at low risk for aberrant use.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical epidural steroid injection bilateral C4-6 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation <http://odg-twc.com/odgtwc/neck.htm>.

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

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; In this case, patient complained of neck pain radiating down bilateral upper extremities with associated bilateral hand numbness. Physical examination findings include positive bilateral Tinel's test, normoreflexia, weakness of bilateral flexors and extensors, and undocumented sensorial evaluation of upper extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support presence of radiculopathy. MRI of the cervical spine was done on 04/18/2014 which did not show evidence of significant neural compromise or impingement. It is unclear as to whether the patient's pain improved with acupuncture. Hence, the absence of radiculopathy in the physical exam findings and MRI, and failure of conservative treatment cannot support cervical ESI request. Moreover, the request failed to indicate if ESI will be done under fluoroscopic guidance, which was recommended by the guidelines. Therefore, the request for cervical epidural injection bilateral C4-6 levels is not medically necessary.

urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://odg-twc.com/odgtwc/pain.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, tools for risk stratification & monitoring Page(s): 94.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient was prescribed opioids since 01/07/2014. Urine drug toxicology reviews (01/07/2014 and 04/29/2014) showed consistent results with the prescribed medications. Furthermore, there were no diagnostic or objective symptoms or diagnosis of psychiatric disorder to classify the patient as moderate risk for opioid abuse. There is no clear indication for a repeat urine drug test at this time. Therefore, the request for urine drug test is not medically necessary.