

Case Number:	CM14-0082517		
Date Assigned:	07/21/2014	Date of Injury:	05/07/2008
Decision Date:	09/17/2014	UR Denial Date:	06/02/2014
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 60-year-old female who has submitted a claim for cervical disc disease associated with an industrial injury date of May 7, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of cervical spine pain rated 8/10 on the neck and 4/10 on the arms. She had C5-C6 Transfacet ESI on March 17, 2014 which helped relieve pain by 70% and lasted for a couple of days. Physical examination of the cervical spine showed limitation of motion with increased pain in all planes; tenderness over the bilateral paravertebral muscles, upper trapezius with muscle spasm and guarding; trigger points over the bilateral upper trapezius; and positive Spurling's bilaterally along C5-6 nerve root distribution. MRI of the cervical spine revealed a 1.5mm disc protrusion at C4-C5 level indenting the anterior aspect of the thecal sac with moderate neural foraminal narrowing; mild central stenosis at C5-C6 secondary to a 3mm anterolisthesis of C5 over C6 with moderate bilateral neural foraminal narrowing. The diagnoses include cervical disc disease and cervical radiculopathy. Current pain medications were not discussed. However, it was noted on a progress report dated January 22, 2014 that the patient was taking Tramadol. Treatment to date has included oral analgesics, home exercise program, and cervical ESIs. Utilization review from June 2, 2014 denied the request for bilateral c3-c4 and c4-c5 transfacet epidural steroid injections because there is limited evidence of a significant change in status or findings that warrants injections at the C3-C4 and C4-C5 levels. The request for urine drug screen was also denied because there was no documentation of intake of controlled medication or evidence of abuse, diversion or hoarding related to use of medications. There was also no documentation that the purpose for the urine drug screen is for an initial screening in preparation of opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-C4 and C4-C5 transfacet epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and initially unresponsive to conservative treatment. In this case, most recent physical examination showed radiculopathy only at C5-6 corroborated by MRI. There was no objective finding of radiculopathy supported by imaging and electrodiagnostic studies at the requested levels for treatment. Moreover, there was no objective evidence of failure of conservative treatment to manage pain. The medical necessity has not been established. There was no clear indication for the request. Therefore, the request for Bilateral C3-C4 and C4-C5 Transfacet Epidural Steroid Injections is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 04/10/2014, Urine Drug testing (UDT).

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

Decision rationale: As stated on page 43 of the CA MTUS Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In this case, Tramadol intake was noted on a progress report dated January 22, 2014. However, there is no discussion regarding current pain medications. There is no evidence of current intake of controlled medications that warrant urine drug screen at this time. The medical necessity has not been established. There was no clear indication for the request. Therefore, the request for Urine drug screen is not medically necessary.