

Case Number:	CM14-0085816		
Date Assigned:	07/23/2014	Date of Injury:	12/17/2004
Decision Date:	08/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation 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 injured worker is a 61-year-old female who reported an injury on 12/17/2004. The mechanism of injury was not provided. On 05/12/2014 the injured worker presented with complaints of neck pain. Medications included Norco, Neurontin, Soma, and Medrol. On examination, deep tendon reflexes in the upper and lower extremities were decreased but equal and there was tenderness to palpation over the C6-7 and diffuse tenderness over the paravertebral musculature. There was a positive bilateral straight leg raise and decreased sensation to the left C5 and C6. Diagnoses were thoracic lumbosacral neuritis/radiculitis, unspecified; cervicgia; post laminectomy syndrome of the cervical region. The provider recommended a cervical epidural steroid injection, urine toxicology screen, and Soma. The provider's rationale was not provided. The Request for Authorization form was dated 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at the C4 and T1 levels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, page(s) 46 Page(s): 46.

Decision rationale: The California MTUS Guidelines recommended ESI as an option for treatment of radiculopathy pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use of an ESI include radiculopathy must be documented by a physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy for guidance, and no more than 2 levels should be injections using transforaminal blocks. There was diffusing paravertebral tenderness and decreased upper extremity strength. However, there was lack of objective findings of radiculopathy, numbness, and weakness. There was no radiculopathy documented by physical examination and corroborated by imaging studies. There was lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance. As such, cervical epidural steroid injection at the C4 and T1 levels is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , page(s).

Decision rationale: The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic of opioids for ongoing management and a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, the Urine Toxicology Screen is not medically necessary.

Soma 350 mg #10 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol). Decision based on Non-MTUS Citation Official Disability Guidelines, Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, the

provider's request for Soma does not indicate the frequency of the medication in the request as submitted. As such, Soma 350 mg #10 1 refill is not medically necessary.