

<b>Case Number:</b>	CM14-0190435		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	04/14/2001
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 56-year-old male who has submitted a claim for left shoulder impingement syndrome, cervical disc degenerative disease and left wrist dorsal ganglion associated with an industrial injury date of 4/14/2001. Medical records from 2014 were reviewed. The patient complained of neck pain radiating to the left arm and right hand associated with numbness and tingling sensation. Physical examination showed limited neck motion, tenderness at trapezius, positive trigger points over the paracervical muscles, and positive Phalen's test bilaterally. The MRI of the cervical spine, dated 5/5/2014, demonstrated moderate to severe right and severe left neural foraminal narrowing with bilateral exiting nerve root compromise secondary to 2-3 mm posterior disc bulge and uncovertebral osteophyte formation at C5-C6 and C6-C7. The urine drug screen from 8/1/2014 showed negative level for any medications. Treatment to date has included 20 sessions of physical therapy, acupuncture and medications. He is currently prescribed Tylenol. The utilization review from 10/23/2014 denied the request for cervical epidural steroid injection at C5-C7 x2 because of no physical evidence of radiculopathy; and denied medical clearance to include and EKG, PTT, CBC and urine analysis.

### 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 C5-C7 x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the patient complained of neck pain radiating to the left arm and right hand associated with numbness and tingling sensation. Physical examination showed limited neck motion, tenderness at trapezius, positive trigger points over the paracervical muscles, and positive Phalen's test bilaterally. The MRI of the cervical spine, dated 5/5/2014, demonstrated moderate to severe right and severe left neural foraminal narrowing with bilateral exiting nerve root compromise secondary to 2-3 mm posterior disc bulge and uncovertebral osteophyte formation at C5-C6 and C6-C7. Symptoms persisted despite 20 sessions of physical therapy, acupuncture and medications hence the request for ESI. However, there is no physical examination finding of radiculopathy to warrant ESI. Moreover, it is not reasonable to have two consecutive ESI procedures without assessing efficacy of the initial injection. Guideline criteria are not met. There is no discussion concerning need for variance from the guidelines. Therefore, the request for cervical epidural steroid injection at C5-C7 x2 is not medically necessary.

**Medical Clearance to Include and EKG, PTT, and CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http:// www.ncbi.nlm.nih.gov/pubmed/11533927](http://www.ncbi.nlm.nih.gov/pubmed/11533927)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Preoperative testing, General; and Preoperative electrocardiogram (ECG)

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. Official Disability Guidelines states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. In this case, the patient is recommended to undergo epidural steroid injection hence the request for medical clearance. However, the procedure is deemed not medically necessary. Hence, the associated request for medical clearance to include and EKG, PTT, and CBC is likewise not medically necessary.

**Urine Analysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http:// www.ncbi.nlm.nih.gov/pubmed/11533927](http://www.ncbi.nlm.nih.gov/pubmed/11533927)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines states that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, the current medication list only includes Tylenol. The urine drug screen from 8/1/2014 showed negative level for any medications. There is no clear rationale for repeating urine testing at this time. There is no mention of a plan to initiate opioid management to warrant this request. Therefore, the request for urine analysis is not medically necessary.