

<b>Case Number:</b>	CM14-0191939		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Emergency 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 injured worker has a reported date of injury on 3/10/2013. The mechanism of injury is from moving a heavy load. The patient has a diagnosis of headaches, cervical disc disease with radiculopathy and cervical facet syndrome. Medical reports were reviewed. The last report was available until 10/27/14. The patient complains of neck pain with pain at 5/10. The pain is moderate and waxes and wanes. It radiates to the bilateral shoulder with occasional numbness and tingling. The patient had a 2nd epidural injection on 8/15/14. The pain reportedly was 60% improved for 2weeks and the pain is now 50% improved. The patient reportedly stopped taking pain medications due to improvement. An objective exam reveals diffuse neck, bilateral shoulder and low back pain, decreased lordosis to neck with mild tenderness to paraspinals. The Spurling's test is positive bilaterally with normal range of motion. The upper extremity exam is normal with normal motor and sensory exam. Medications are documented as Motrin at the time of review. An MRI of the cervical spine (9/27/13) revealed C3-4 2mm midline disc protrusion with mild central canal narrowing and bilateral foraminal bony hypertrophy with mild narrowing. Independent Medical Review is for bilateral C3-4 trans-facet epidural steroid injection (third) and urine drug testing. A prior UR on 10/31/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Third bilateral C3-C4 transfacet epidural steroid injection:** 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(ESI) Page(s): 46.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. 1) Patient does meet basic radicular criteria in most recent progress notes. There is no objective documentation or exam consistent with radicular pain. There is no corroborating evidence from MRI or exam that supports radiculopathy. Prior UR apparently believes this criterion was met. Presumptively meets criteria.2) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for ESI except for pain management. There is no long term plan documented. Fails criteria.3) Unresponsive to conservative treatment. Documentation supports prior attempt with conservative care with no improvement. Meets criteria.4) MTUS does not recommend "series-of-three" injections and do not recommend more than 2 ESI injections. This criterion is not met.5) MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. There is claim of "50%" improvement in pain but pain is still listed as 5/10 although improvement is supported by patient stopping other medications and is only on ibuprofen. This patient does not meet multiple criteria. Most specifically, "series of 3" injections are not recommended and long term plan for ESI is not documented. The request for 3rd C3-4 Trans-Facet epidural steroid injection is not medically necessary.

**Urine drug testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) and Opioids, ste. Decision based on Non-MTUS Citation ODG, Pain chapter Urine drug testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As per the MTUS Chronic Pain Guidelines, drug screening may be appropriate as part of the drug monitoring process. There is no concern for abuse. This patient is not currently on Opioid therapy. There is no rationale documented for the request. The request for the Urine Toxicology Screen is not medically necessary.