MAXIMUS Federal Services

Case Number:	CM14-0192381		
Date Assigned:	11/26/2014	Date of Injury:	03/04/2010
Decision Date:	01/12/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in New Jersey. 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:

On 3/4/14, this 39 year old male sustained injury to his cervical area while working as a traffic officer. While performing his duties he was turning his head from side to side when he experienced neck discomfort. He sought medical care the following day. His past significant medical history includes work injury in 2006 with no reported injuries; 2/21/08 resulting in low back, mid-back, tailbone right shoulder and neck pain. He was released from treatment for this injury on 5/6/09 with residual symptoms in the lumbar spine, tailbone and right shoulder with no neck symptoms. Four months later on 6/27/08 he sustained injury involving his left shoulder, knee, low back and chest. He was released from treatment for this accident 3/2/09 with no residual symptoms. On 3/6/14 the injured worker complained of constant pain, and stiffness made worse with any type of movement and with prolonged head posturing and does not improve with any activity or treatment. On examination the injured worker exhibited tenderness to palpation and muscle guarding over the paraspinal musculature and upper trapezius muscle, right worse than left. Axial compression test and Spurling's maneuver elicits increased pain without a radicular component. Ranges of motion of cervical and right shoulder are abnormal. Sensation and reflexes are intact in upper extremities. Pain intensity was 8 out of 10. Radiographs of the cervical spine were normal. The diagnosis was cervical/trapezial musculoligamentous sprain/strain. Treatments included a prescription for chiropractic visits for cervical spine, Anaprox and Norflex. At that time his work status was temporarily totally disabled. His symptoms as of 4/1/14 were increased cervical spine pain with tenderness and spasms noted. On 4/7/14 the injured worker was able to return to work with restrictions involving no repetitive head/neck motion. On 6/18/14 the injured worker was temporarily totally disabled. It is unclear as to whether the injured worker returned to work after 4/7/14. On 7/17/14 an MRI of the cervical spine was done revealing C6-7 left paracentral 2 mm disc protrusion with

indentation to the left ventral aspect of the cord and right neural foraminal stenosis at C3-4 and more prominently at C4-5. There is no documentation of functional capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 RIGHT C3-C4 AND RIGHT C4-C5 TRANSFACET EPIDURAL STERIOD INJECTIONS: Upheld

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

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pan relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there is evidence of cervical radiculopathy via imaging, physical examination, and subjective complaints. There is also variations in his reported pain levels, ranging from 2-8/10 on the pain scale over the prior months with medication and physical therapy efforts. The previous worker decided to deny the epidural injections based on the worker seeing good results with conservative therapies based on a report of the worker suggesting the pain medications reducing his pain to 2-3/10 on the pain scale. There was insufficient documents provided in order to confirm this assessment as the progress notes from the past few months prior to this request were missing from the documents provided for review. Based on lack of documentation showing recent objective confirmation of neuropathy and recent pain ratings to measure effectiveness of conservative treatments, the epidural injections for now will be considered medically unnecessary until this is provided.

1 URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing,Drug testing Page(s): 43,77,78,86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence from the documentation provided for review which suggested the worker was exhibiting abnormal behavior or that he abused his medications, which would warrant doing a drug screen. Therefore, without this evidence, the drug screen is not medically necessary.