MAXIMUS Federal Services

| Case Number: | CM14-0207347 | | |
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| Date Assigned: | 12/19/2014 | Date of Injury: | 08/03/2007 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 11/18/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 (IW) is a 33 year old female who sustained an industrial injury on 08/03/2007. She has reported ongoing neck pain. Diagnoses include status post anterior cervical discectomy and fusion of C6-C7, cervical disc disease, and cervical radiculopathy. Treatments include an anterior cervical discectomy and fusion C6-C7 in February 2014. In a progress note dated 10/28/2014, the treating provider reports that decreased sensation to pain, temperature, light touch, vibration and two point discrimination is present in the bilateral C7 dermatomes, otherwise grossly intact in the left C3 and C5 dermatomes. There was moderate tenderness to palpation with spasm noted over the cervical paravertebral musculature extending to the bilateral trapezius muscles. Axial head compression was positive bilaterally, Spurling sign was positive bilaterally, and there was facet tenderness to palpation noted over C4 through C7. Treatment plans include a request for Bilateral C6-C7 transfacet epidural steroid injections. On 11/18/2014 Utilization Review non-certified a request for 1 random urine toxicology screening, noting the documentation did not indicatewhether the screening was for deciding to continue, adjust or discontinue opiates, nor were there reports included to suggest necessity for the requested drug screening. The MTUS Chronic Pain, Urine drug testing (UDT), Opioids was cited. On 11/18/2014 Utilization Review non-certified a request for Bilateral C6-C7 transfacet epidural steroid injections, noting there was a history of cervical fusion and there was a lack of information regarding use of fluoroscopy and placement location of the requested blocks. MTUS Chronic Pain, Epidural steroid injections (ESIs) were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C6-C7 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 ESI Page(s): 46-47.

**Decision rationale:** The patient presents with neck pain rated 8/10 which radiates to the right shoulder and into the right arm with numbness and tingling sensation. The request is for BILATERAL C6-C7 TRANSFACET EPIDURAL STEROID INJECTIONS. The RFA is not provided. Patient is status-post cervical spine surgery in February 2014. Physical examination of the cervical spine revealed midline with decreased lordosis, moderate tenderness to palpation with spasm noted over the cervical paravertebral musculature extending to the bilateral trapezius muscles, and decreased range of motion at flexion and extension. There was facet tenderness to palpation over C4 through C7, decreased sensation to pain, temperature, light touch, vibration and two point discrimination is present in the bilateral C7 dermatomes. Patient diagnosis included status-post anterior cervical discectomy and fusion of C6-C7, cervical disc disease, and cervical radiculopathy. Per the denial report dated 11/18/14, cervical spine MRI on 08/01/14 revealed multilevel degeneration disc disease with 2mm disc protrusion, bilateral uncovertebral bony hypertrophy with mild narrowing of neural foramina bilaterally. Concurrent medications included Norco. Patient is temporarily totally disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."In this case, the patient has radicular symptoms but radiculopathy has not been demonstrated via MRI. Examination shows sensory changes consistent with radiculopathy. However, MRI only shows 2mm protrusion, without a potential nerve root lesion. ESI would not be indicated without a clear diagnosis of radiculopathy. Furthermore, MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.

**1 random urine toxicology screening:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

**Decision rationale:** The patient presents with neck pain rated 8/10 which radiates to the right shoulder and into the right arm with numbness and tingling sensation. The request is for BILATERAL C6-C7 TRANSFACET EPIDURAL STEROID INJECTIONS. The RFA is not provided. Patient is status-post cervical spine surgery in February 2014. Physical examination of the cervical spine revealed midline with decreased lordosis, moderate tenderness to palpation with spasm noted over the cervical paravertebral musculature extending to the bilateral trapezius muscles, and decreased range of motion at flexion and extension. There was facet tenderness to palpation over C4 through C7, decreased sensation to pain, temperature, light touch, vibration and two point discrimination is present in the bilateral C7 dermatomes. Patient diagnosis included status-post anterior cervical discectomy and fusion of C6-C7, cervical disc disease, and cervical radiculopathy. Per the denial report dated 11/18/14, cervical spine MRI on 08/01/14 revealed multilevel degeneration disc disease with 2mm disc protrusion, bilateral uncovertebral bony hypertrophy with mild narrowing of neural foramina bilaterally. Concurrent medications included Norco. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43: Drug testing: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The patient is currently utilizing Norco. The treating physician requested a urine drug screening to establish baseline and for the purpose of confirming adherence to prescribed medication. No prior toxicology results were provided for review. ODG states that once yearly screening is sufficient for chronic opiate use in low risk patient. The requested toxicology screening IS medically necessary.