

Case Number:	CM15-0105431		
Date Assigned:	06/09/2015	Date of Injury:	08/19/2012
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic neck, low back, shoulder, wrist, and hand pain reportedly associated with an industrial injury of August 19, 2012. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve requests for a cervical epidural steroid injection, surgical consultation, a shoulder injection, and urine drug testing. The claims administrator referenced a May 15, 2015 progress note in its determination. The claims administrator did partially approve the request for urine drug testing as a standard 10-panel drug test. The applicant's attorney subsequently appealed. In a RFA form dated May 20, 2015, a cervical epidural steroid injection was sought. In a progress note dated January 9, 2015, difficult to follow, somewhat blurred as a result of repetitive photocopying and faxing, it was acknowledged the applicant had received an earlier cervical epidural steroid injection on December 18, 2014. 8-9/10 neck pain radiating to upper extremity was reported. Weakness and fatigue were also reported about the upper extremity. 5/5 strength was nevertheless appreciated on manual muscle testing of the bilateral upper extremities. The applicant was asked to continue Naprosyn and Prilosec. A repeat cervical epidural injection was proposed. The applicant's work status was not detailed. The applicant had developed derivative complaints of depression and anxiety, it was acknowledged. The attending provider stated that the applicant had derived analgesic from the previous epidural injection(s). It was not stated how many injections the applicant had or not had. Drug testing performed on May 12, 2015, which included testing for approximately 10 different opioid metabolites and 10 different benzodiazepine metabolites. In a handwritten note dated May 12, 2015, the applicant reported

ongoing issues with neck pain, wrist pain, shoulder pain, and alleged carpal tunnel syndrome. The applicant was asked to remain off of work, on total temporary disability, for an additional month. The attending provider claimed that previously performed cervical epidural steroid injection therapy and/or previously performed shoulder injection had proven successful but did not elaborate further. Once again, the applicant's complete medication list was not detailed. On April 28, 2015, it was suggested that the applicant would likely require a carpal tunnel release procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: 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: No, the request for a cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for a repeat cervical epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, on total temporary disability, as of the handwritten May 12, 2015 progress note on which the repeat cervical epidural steroid injection was proposed, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of unspecified numbers of cervical epidural steroid injections over the course of the claim. Therefore, the request for a repeat injection was not medically necessary.

Surgical consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Version last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Conversely, the request for surgical consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 270, referral for hand surgery consultation is indicated in applicants who have clear clinical and/or special study evidence of a lesion amenable to surgical correction. Here, the requesting provider did state on a progress note of April 28, 2015 that the applicant had electrodiagnostically confirmed carpal tunnel syndrome, which had proven recalcitrant to

conservative management. Obtaining the added expertise of a hand surgeon was, thus, indicated, to ascertain the need for surgical intervention here. Therefore, the request was medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary Version last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Conversely, the request for urine toxicology testing (aka urine drug testing) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to categorize applicants into higher-or lower- risk categories for whom more or less frequent drug testing would be indicated, in attempt to conform to the best practices of the United States Department of Transportation (DOT) while performing drug testing. Here, however, multiple progress notes, referenced above, failed to incorporate the applicant's complete medication list. It was not clearly stated when the applicant was last tested. The attending provider did seemingly perform non-standard drug testing to include multiple different opioid and benzodiazepine metabolites, despite the unfavorable ODG's position on the same. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Injection right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary Version last updated 04/03/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: Finally, the request for a shoulder injection was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, table 9-6, page 215, prolonged or frequent use of cortisone injection into the shoulder joint is deemed "not recommended." Here, the applicant had had an earlier unspecified number of shoulder corticosteroid injections, it was reported on the handwritten on May 12, 2015-progress note on which a repeat shoulder injection was sought. The fact that the applicant

remained off of work, on total temporary disability, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of the same. The attending provider's handwritten note of May 12, 2015 failed, in short, to set forth a clear, compelling, or cogent case for the injection in question. Therefore, the request was not medically necessary.