

Case Number:	CM15-0132253		
Date Assigned:	07/20/2015	Date of Injury:	02/05/2002
Decision Date:	08/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 63 year old male, who sustained an industrial injury on 02/05/2002. He has reported injury to the neck and low back. The diagnoses have included cervical pain; cervical radiculopathy with increased headaches and weakness; cervical disc bulge at C3-4, C6-7 with nerve root impingement/neuroforaminal stenosis from post laminectomy syndrome; left ulnar neuropathy; status post cervical fusion; status post lumbar fusion; and recent ventral hernia/status post gastric bypass. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, surgical intervention, physical therapy, and home exercise program. Medications have included Norco, Prozac, and Flexeril. A progress note from the treating physician, dated 05/28/2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain rated at an 8/10 on the pain scale; moderate pain relief (50% in neck and arm pain) with prior cervical epidural steroid injection, on 02/23/2014; functional ability had increased moderately; pain worsening in the neck and arms; lumbar pain that extends down both legs in the L5 distribution; increased unsteady gait; and recently received a 4-point cane. Objective findings included range of motion has improved in the neck; arms with tremors; straight leg raise is positive bilaterally; sensation is decreased in the left arm at C6; Spurling's is positive; cannot heel-toe walk; and atrophy is noted at the left hypothenar space. The treatment plan has included the request for epidural steroid injection at C6-C7; and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at all of the levels requested, no documentation of failed conservative treatment. Additionally, there is some conflict in reporting in regards to the benefit from previous injections. Notes indicate that the patient had a significant reduction in medication use. However, the medication refills appear to have been provided on an ongoing basis at the patient's normal monthly quantity. In the absence of clarity regarding those issues, the currently requested repeat cervical epidural steroid injection is not medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is on controlled substance medication. Additionally, there is no identification of a recent urine drug screen. As such, the currently requested urine toxicology test is medically necessary.

