

Case Number:	CM15-0190533		
Date Assigned:	10/02/2015	Date of Injury:	10/03/2000
Decision Date:	11/13/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/28/2015

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, California
 Certification(s)/Specialty: Family Practice

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 47 year old, male who sustained a work related injury on 3-20-11. A review of the medical records shows he is being treated for neck and left arm pain. Treatments have included cervical trigger point injections (got 1-2 months relief) and home exercises. Current medications include Norco (he receives "30-50% pain relief and lasts about 4-5 hours" without side effects, Naprosyn Tramadol and Skelaxin. In the progress notes 9/16/15, the injured worker reports chronic neck pain that radiates to left arm in "C6 distribution." He has numbness in C6 distribution in his left hand and has a weak grip that is "worsening." He rates his neck pain a 9 out of 10 and his left arm pain a 6 out of 10. These ratings have not changed since last visit. He is having trouble with fine manipulation. On physical exam dated 9-16-15, he has a positive Spurling's test. He has decreased sensation in left arm and forearm in the C6 distribution. He has a decreased grip with left hand. He has positive trigger points at C5, C6 and C7. MRI findings are "C4-5 and C5-6 disc herniated nucleus pulposus with stenosis." On 2/25/13. He has a "positive" EMG-NCV study for cervical radiculopathy. There are no urine toxicology screen reports included in these medical records. He is not working. The treatment plan includes a request for a C4-6 epidural steroid injection, refill medications and to appeal a denied urine toxicology screen. The Request for Authorization dated has requests for In the Utilization Review dated 9-25-15, the requested treatments of a cervical epidural steroid injection C4-6 and a urine toxicology screen is not medically necessary. The patient has had UDS on 11/12/14 and 3/25/15. Patient had received cervical trigger point injection for this injury. The patient had used a TENS unit for this injury. Patient had received cervical ESI in

2013 that gave pain relief for 4-6 months. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C4-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Request: Cervical epidural injection C4-6. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline, criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Lack of response to conservative treatment including exercises, physical methods, was not specified in the records provided. Details of PT or other type of therapy done since date of injury was not specified for this injury. The detailed conservative therapy notes were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Per the cited guidelines, "repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks." The patient had received a cervical ESI in 2013 that gave pain relief for 4-6 months. The previous ESI procedure note was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. With this, it is deemed that the medical necessity of request for Cervical epidural injection C4-6 is not fully established for this patient.

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 10/09/15) Urine drug testing (UDT).

Decision rationale: Urine toxicology screening. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." As per records the provided the medication list includes Norco which is a controlled substance. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances and to screen for aberrant drug behavior, in patients with chronic pain. The request for Urine toxicology screening is medically appropriate and necessary in this patient.