

<b>Case Number:</b>	CM15-0222375		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 60 year old female with a date of injury on 04-30-2012. The injured worker is undergoing treatment for cervical disc disease and cervical radiculopathy. The injured worker had been in an auto accident in 2011 and sustained injury to her cervical and lumbar spine and had fully recovered. A physician note dated 09-21-2015 documents the injured worker has parenthesis present at the left C5 dermatome level. A physician progress note dated 10-06-2015 documents the injured worker complains of continued pain in the neck that is rated 7-8 out of 10 and it radiates down the left shoulder-arm with numbness in the small finger and tingling in the and tightness in the left biceps. She has received 2 epidural steroids in the past and only received very temporary relief of the symptoms. She also has complains of stress, anxiety and difficulty sleeping secondary to her chronic pain and has stomach upset secondary to her medication use. On examination there is moderate tenderness to palpation of the cervical paravertebral musculature extending to the left trapezius. Axial head compression and Spurling sign were positive on the left. There is tenderness to palpation over the C5 to C7 cervical facets. Cervical range of motion is restricted. A Magnetic Resonance Imaging of the cervical spine done on 03-07-2015 revealed multilevel degenerative disc disease at C5-C6 and C6-C7. There is moderate to severe stenosis of the left neural foramen at C5-C6 and moderate to severe stenosis of the left neural foramen with impingement upon the exiting nerve root at C5-C6. Treatment to date has included diagnostic studies, medications, 2 epidural steroid injections, psychology sessions, physical therapy, chiropractic studies, acupuncture, a home exercise program and rest. Current medications include Neurontin, Voltaren XR, Prozac and a baby ASA. The Request for

Authorization dated 10-06-2015 includes Interferential unit 30 day trial for home use, Left C5-C6 and C6-C7 transfacet epidural steroid injections, times 2, and a Urine toxicology screening. On 11-06-2015 Utilization Review non-certified the request for Interferential unit 30-day trial for home use, Left C5-C6 and C6-C7 transfacet epidural steroid injections, times 2, and a Urine toxicology screening.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left C5-C6 and C6-C7 transfacet epidural steroid injections, times 2: Upheld**

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

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

**Decision rationale:** Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. 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. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants and she has already had 2 prior injections. The epidural injection is not medically substantiated.

#### **Interferential unit 30 day trial for home use: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Per the guidelines, a TENS or inferential unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based

assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not substantiated.

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** Per the guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The medical necessity of a urine toxicology screen is not substantiated in the records.