

Case Number:	CM15-0032092		
Date Assigned:	02/25/2015	Date of Injury:	06/13/2011
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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: North Carolina

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 65 year old male, who sustained an industrial injury on 6/13/11. He has reported upper back pain on the right side after pulling carpet. The diagnoses have included cervical disc degeneration, cervicgia, brachial neuritis, sprain of shoulder/arm, sprain of the neck and bilateral shoulder impingement. Treatment to date has included medications, diagnostics, physical therapy, chiropractic, rest and Home Exercise Program (HEP). Surgery has included right hand surgery 1999 for trigger finger. Currently, the injured worker complains of pain in the neck that radiates up the head and to bilateral shoulders as well as to the arms with numbness and tingling sensation. The pain is rated 3/10 on pain scale. The current medications included Naproxen, Omeprazole, Tylenol #4 and Cyclobenzaprine. Magnetic Resonance Imaging (MRI) of the cervical spine dated 12/10/14 revealed disc protrusion, central canal narrowing, multi-level degenerative disc disease, and disc osteophyte. The bilateral upper extremity electromyogram dated 10/1/13 revealed chronic nerve root impingement bilateral C5-C6. The urine toxicology dated 12/30/14 was consistent. Physical exam of the cervical spine revealed tenderness to palpation with spasm. The axial head compression test and Spurling sign were positive bilaterally. There was facet tenderness to palpation over C3-C6. The cervical range of motion with flexion and extension was decreased. The bilateral shoulder range of motion was decreased with positive impingement sign on right and left side shoulders. Request was for Bilateral C4-C5 and C5-C6 transfacet epidural steroid injection times two as the injured worker has failed conservative treatments and urine drug screen. On 1/27/15 Utilization Review modified a request for Bilateral C4-C5 and C5-C6 transfacet epidural steroid injection, quantity 2

modified to certification of Bilateral C4-C5 and C5-C6 transfacet epidural steroid injection, quantity 1 and a point of contact, with conformation only unexpected results, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain citation Epidural Steroid Injections (ESIs) guidelines were cited. On 1/27/15 Utilization Review non- certified a request of the remaining Bilateral C4-C5 and C5-C6 transfacet epidural steroid injection, quantity 1 and urine toxicology screening..

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-C5 and C5-C6 transfacet epidural steroid injection, quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, facet blocks.

Decision rationale: Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. When recommended, more than one block at a time is not advised. The request is for two blocks. For these reasons the request does not meet criteria guidelines and therefore is not certified.

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Criteria for the Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's

response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids when there are issues of abuse, addiction or poor pain control. The patient was not on opioid therapy at time of the request per the provided documentation. For these reasons the establishment for the need of a urine drug screen has not been met. Therefore the request is not certified.