MAXIMUS Federal Services

Case Number:	CM15-0083712		
Date Assigned:	05/06/2015	Date of Injury:	06/04/2012
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male who sustained a work related injury June 4, 2012. Past history included hypertension, sleep apnea, left knee meniscal repair and right rotator cuff repair. According to a new pain management consultation, dated March 13, 2015, the injured worker presented with complaints of cervical pain on the right side, radiating pain to the right upper extremity, more over right shoulder, and numbness of the right thumb. The pain is described as dull/aching, throbbing, pressure with spasm and numbness. He rates the pain 5/10 on a good day and 8/10 on a bad day. Assessment is documented as cervical radiculopathy, right; myofascial pain syndrome; right trapezius; sprain/strain, cervical area; herniated disc C5-C6. Treatment plan included signing and review of opiate contract, continue with home exercise program, moist heat and stretching, medication, and a request for authorization for Carisoprodol, cervical epidural steroid injection (ESI), and toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C7-11 with Anesthesia with X-Ray Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clear documentation of functional improvement with previous cervical epidural injection performed on June 2014. There is no recent documentation for signs of active cervical radiculopathy. Furthermore, there is no documentation to support any recent initiation and failure with conservative treatments. Therefore, the request for Cervical ESI C7-11 with Anesthesia with X-Ray Fluoroscopic Guidance is not medically necessary.

Tox Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Urine Drug screen is not medically necessary.

Carisoprodol 350 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle relaxant. There is no justification for prolonged use of Carisoprodol. The request for Carisoprodol 350 MG #30 is not medically necessary.