

Case Number:	CM14-0133702		
Date Assigned:	08/27/2014	Date of Injury:	06/05/2013
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old female who submitted a claim for cervical disc disease, cervical radiculopathy, cervical facet syndrome, and left shoulder internal derangement associated with an industrial injury date of 6/5/2013. Medical records from 2013 to 2014 were reviewed. The injured worker complained of persistent neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Pain was rated 7/10 in severity. Physical examination showed positive Phalen's test at the left with cervical muscle guarding and spasm. Axial head compression test and Spurling sign were positive on the left. Range of motion of the cervical spine was restricted. Sensation was diminished at left C5 and C6 dermatomes. Muscle strength of left C5 myotome was 4/5. Hyporeflexia was noted at the left upper extremity. MRI of the cervical spine, dated 10/2/2013, revealed mild left sided C3 to C4 and C5 to C6 neural foramina stenosis, with patent central canal. Urine drug screen from 4/9/2014 showed positive levels for Hydrocodone, Hydromorphone, and Marijuana metabolites. Treatment to date has included physical therapy x 8 sessions, chiropractic care, cortisone injection to the left shoulder, and medications such as Norco, Norvasc, and Lisinopril (since 2013). Utilization review from 7/24/2013, denied the request for left C4-C5 and left C5-C6 transfacet epidural steroid injections times two (x 2) because there was no evidence to support that transfacet approach was safer and more effective than the traditional transforaminal or interlaminar approach; denied Norco 10/325 MG 1 po bid #60 because of no documented functional benefits; denied urine toxicology screening because the request for opioid was likewise not certified; and denied thirty (30) day trial of home interferential unit because there was no concurrent participation in an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-C5 and left C5-C6 transfacet epidural steroid injections times two (x2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, patient complained of persistent neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Physical examination showed positive Phalen's test axial head compression test and Spurling sign at the left. Sensation was diminished at left C5 and C6 dermatomes. Muscle strength of left C5 myotome was 4/5. Hyporeflexia was noted at the left upper extremity. Clinical manifestations are consistent with radiculopathy; however, MRI of the cervical spine, dated 10/2/2013, revealed mild left sided C3 to C4 and C5 to C6 neural foramina stenosis, with patent central canal. There was no evidence of nerve impingement or neural compromise to warrant ESI. Moreover, there was no discussion as to why transfacet approach should be applied in this case. Lastly, it is not reasonable to certify 2 ESIs at this time because succeeding injection is dependent on the success of previous nerve block. Guideline criteria were not met. Therefore, the request for left C4-C5 and left C5-C6 transfacet epidural a steroid injection times two (x2) is not medically necessary.

Norco 10/325 mg 1 po bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. In this case, patient has been on opioids since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Moreover,

urine drug screen showed positive levels for marijuana metabolite, indicating potential risk for drug abuse. Therefore, the request for Norco 10/325 mg 1 po bid #60 is not medically necessary.

Urine toxicology screening: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids, On-going Management Page(s): 78.

Decision rationale: On page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, it is stated that urine drug screens are recommended as an option to assess order use or presence of illegal drugs, and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes Norco. Urine drug screen from 4/9/2014 showed positive levels for Hydrocodone, Hydromorphone, and Marijuana metabolites. Although the simultaneous request for Norco has been not medically necessary, it is imperative to repeat urine drug screen due to high suspicion for drug abuse. Therefore, the request for urine toxicology screening is medically necessary.

Thirty (30) day trial of home interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: As stated on pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation (ICS) is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one-month trial should be done given that the patient's pain is ineffectively controlled by medications, or unresponsive to conservative measures. In this case, patient complained of persistent neck pain despite chiropractic care, physical therapy, and intake of medications. ICS is a reasonable option at this time; however, there is no evidence of concurrent exercise program to meet guideline recommendation. ICS is not supported as a solitary mode of treatment modality. Moreover, body part to be treated was not specified. Therefore, the request for thirty (30) day trial of home interferential unit is not medically necessary.