

<b>Case Number:</b>	CM14-0160405		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 62-year-old male with a 12/5/12 date of injury. At the time (7/17/14) of request for authorization for cervical epidural steroid injection C4-C5 to the right and urine drug screen, there is documentation of subjective (frequent neck pain radiating to the right upper extremity with numbness and tingling; and constant low back pain) and objective (decreased cervical and lumbar range of motion with spasms and decreased sensation over the C5-C6 dermatome) findings, imaging findings (reported MRI of the cervical spine (1/9/14) revealed moderate right neural foraminal narrowing with right exiting nerve root compromise secondary to 2 mm posterior disc bulge at C4-5; report not available for review), current diagnoses (cervical disc protrusion and lumbar spine radiculopathy), and treatment to date (physical therapy, medications (including opioids), and activity modification). Medical reports identify a urine drug screen performed on 5/5/14. Regarding cervical epidural steroid injection C4-C5 to the right, there is no documentation of specific (to a nerve root distribution) radicular findings in the requested nerve root distribution, objective radicular findings in the requested nerve root distribution (C4-C5), and an imaging report. Regarding urine drug screen, there is no documentation of abuse, addiction, or poor pain control; and that the patient is at "moderate risk" of addiction & misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection C4-C5 to the right:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of a diagnosis of cervical disc protrusion. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective findings (frequent neck pain radiating to the right upper extremity with numbness and tingling), there is no documentation of specific (to a nerve root distribution) subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, despite documentation of objective findings (decreased sensation over the C5-C6 dermatome), there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution (C4-C5). Furthermore, despite documentation of reported imaging findings (MRI of the cervical spine identifying moderate right neural foraminal narrowing with right exiting nerve root compromise secondary to 2 mm posterior disc bulge at C4-5), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection C4-C5 to the right is not medically necessary.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis

thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of cervical disc protrusion and lumbar spine radiculopathy. In addition, there is documentation of on-going opioid treatment and a urine drug screen performed on 5/5/14. However, there is no documentation of abuse, addiction, or poor pain control; and that the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.