

Case Number:	CM14-0160755		
Date Assigned:	10/06/2014	Date of Injury:	10/03/2005
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation 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:

The injured worker is a 55 year old female with a date of injury on October 3, 2005. The injured worker had a urine drug screening on May 27, 2014 which revealed positive for hydrocodone-dihydrocodeinone, acetaminophen, and tricyclic antidepressants. Records dated June 16, 2014 documents that the injured worker was approved with urine drug screening test and left C4-5 and left C5-6 transfacet epidural steroid injection. Operative notes dated July 18, 2014 confirm that the injured worker underwent a cervical transfacet epidural steroid injection at the left C4-5 and left C5-6. Most recent records dated August 5, 2014 documents that the injured worker complained of neck pain described as achy with tenderness, traveling to both shoulders. She also complained of occasional low back pain described as sharp and shooting with numbness and tingling sensation to the bilateral legs. She rated her pain as 8/10. She was administered with left C4-5 and left C5-6 transfacet epidural steroid injection on July 18, 2014 and reported 50% improvement of symptoms with decreased radiating symptoms, decreased numbness and tingling sensation, and increased ranges of motion. A cervical spine examination noted midline abnormal lordosis. Moderate tenderness with spasm and guarding was noted over the cervical paravertebral musculature extending over the left trapezius muscle. Spurling's sign was positive on the left. Facet tenderness was noted at C4 through C6. Range of motion was limited with flexion and extension bilaterally. A shoulder examination noted decreased range of motion on the right. Sensation was decreased in the left C5-6 dermatomes. Muscle testing was 4/5 with shoulder abductors (C5) and elbow flexors (C5, 6) on the left. She is diagnosed with (a) cervical disc disease, (b) cervical radiculopathy, (c) status post right shoulder arthroscopy, and (d) status post bilateral elbow surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Left C4-5 and Left C5-6 Transfacet Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Evidence-based guidelines point out that repeat blocks/injections are 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 with a general recommendation of no more than 4 blocks per region per year. In this case, due to prior left C4-5 and left C5-6 transfacet epidural injections performed on July 18, 2014 provided 50% relief to the injured worker with noted decreased radiating symptoms, numbness, and tingling sensations. Range of motion has been increased. Therefore, the medical necessity of the requested transfacet epidural steroid injection is established. The utilization review physician indicated that the distance between the first epidural steroid injection (ESI) and requested second epidural steroid injection (ESI) is roughly 3-4 weeks which would not be the 6-8 weeks as recommended by the California Medical Treatment Utilization Schedule (MTUS). However, the California Medical Treatment Utilization Schedule indicates that this is only applicable for oral medications. Therefore this request is medically necessary.

Random Urinary Screening Test: 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), Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, tools for risk stratification & monitoring

Decision rationale: According to the California Medical Treatment Utilization Schedule the use of frequent random urine toxicology screens is for injured workers/injured workers who are considered to be at high risk for opioid misuse or abuse. The Official Disability Guidelines (ODG) indicates that injured workers are categorized into as high risk when minimal objective findings are documented to explain pain; symptom magnification can be noted; hyperalgesia may be present; underlying pathology can include diseases associated with substance abuse including human immunodeficiency virus (HIV), hepatitis B and C, and pathology associated with alcoholism or drug abuse as well as those with suicidal risks or poorly controlled depression. In this case, the records do not indicate that the injured worker meet any of the above mentioned criteria which can classify in the injured worker as high risk for opioid abuse. Therefore, the medical necessity of the requested random urinary screening is not established.

