

Case Number:	CM13-0005427		
Date Assigned:	05/08/2015	Date of Injury:	12/08/2011
Decision Date:	06/11/2015	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	08/01/2013

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 61-year-old man sustained an industrial injury on 12/8/2011 after his bilateral shoulders were crushed when an elevator door closed on them. Evaluations include a cervical spine MRI. Diagnoses include cervical disc disease, cervical radiculopathy, cervical facet syndrome, bilateral shoulder arthropathy, bilateral shoulder internal derangement, and bilateral hand overuse syndrome. Treatment has included oral medications, physical therapy, hot packs, diathermy, and cortisone injection. Physician notes dated 4/26/2013 show complaints of cervical spine pain rated 6/10 with radiation to the bilateral forearms and numbness in the bilateral hands. Recommendations include trans-facet epidural steroid injections, continue current medication regimen, urine drug screen, home exercise program, hot/cold unit, and follow up after injections.

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 injections x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion; Epidural steroid injections (ESIs) Page(s): 6; 46.

Decision rationale: The injured worker sustained a work related injury on 12/8/2011. The medical records provided indicate the diagnosis of cervical disc disease, cervical radiculopathy, cervical facet syndrome, bilateral shoulder arthropathy, bilateral shoulder internal derangement, and bilateral hand overuse syndrome. Treatment has included oral medications, physical therapy, hot packs, diathermy and cortisone injection. The medical records provided for review do not indicate a medical necessity for Bilateral C4-C5 and C5-C6, transfacet epidural injections x 2. The MTUS criteria for epidural steroid injection includes the requirement that that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in individuals who have failed three months of conservative therapy; repeat injections must be based on a documentation of up to 50% pain relief lasting 6-8 weeks following and injection. The medical report indicates the injured worker has physical examination findings of radiculopathy, normal nerve studies, but annular tears in the MRI. The utilization review report further showed the injured worker was approved for epidural injection, but there was no evidence this has been done, or if done the benefit from the treatment. Consequently, this request is not medically necessary, because a previous request was made and has been approved, but there is lack of information on whether the treatment was rendered or not. This additional treatment would be duplicating the treatment if it has not been given, but if it has been given, there has to be an evidence of benefit before additional treatment can be given. The MTUS recommends that further treatments and tests be done in the context of information from the history, examinations and previous treatments.

Hot/Cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Continuous-flow cryotherapy.

Decision rationale: The injured worker sustained a work related injury on 12/8/2011. The medical records provided indicate the diagnosis of cervical disc disease, cervical radiculopathy, cervical facet syndrome, bilateral shoulder arthropathy, bilateral shoulder internal derangement, and bilateral hand overuse syndrome. Treatment has included oral medications, physical therapy, hot packs, diathermy and cortisone injection. The medical records provided for review do not indicate a medical necessity for Hot/Cold unit. The MTUS is silent on hot/cold unit; but the Official Disability Guidelines recommends cryotherapy an option after surgery for 7 days, but not for nonsurgical treatment. The records does not indicate this is being used for a postoperative use. The Hot/Cold unit is not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The injured worker sustained a work related injury on 12/8/2011. The medical records provided indicate the diagnosis of cervical disc disease, cervical radiculopathy, cervical facet syndrome, bilateral shoulder arthropathy, bilateral shoulder internal derangement, and bilateral hand overuse syndrome. Treatment has included oral medications, physical therapy, hot packs, diathermy and cortisone injection. The medical records provided for review do not indicate a medical necessity for Urine toxicology screening. The injured worker is currently not being treated with opioids but the test is to monitor the injured worker for drugs abuse or illegal use of drugs. The only condition for the use of drug screen is if the individual is on controlled substances, like opioids, but since this individual is not currently being treated with controlled substances, the requested test is not medically necessary.