

<b>Case Number:</b>	CM14-0218307		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	06/08/1985
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old male who reported an injury on 12/05/2012. When he was seen on 10/30/2014, he had chief complaints of cervical pain with associated numbness with numbness and tingling in his right arm, as well as lumbar pain with bilateral leg symptoms. His pain level was rated between a 7/10 and an 8/10 with abnormal sensation at the right C6-7 dermatomal distribution identified and abnormal sensation in the bilateral L4, L5, and S1 dermatomal distribution. He also had decreased range of motion in his cervical and lumbar spine and had been diagnosed with cervical spine herniated nucleus pulposus with right sided radiculopathy, a lumbar spine herniation, and right carpal tunnel syndrome. Treatments to date included ibuprofen, gabapentin, as well as physical therapy, a home exercise program, and work modifications. The injured worker underwent a cervical MRI on 01/10/2014 which revealed a C3-4 disc bulge, as well as a C4-5 disc bulge with right neural foraminal narrowing with the right exiting nerve root compromised. There was also a C5-6 disc bulge with left neural foraminal narrowing and left exiting nerve root compromise, as well as a C6-7 disc bulge. The injured worker had also undergone an EMG/NCV of the upper extremities which revealed mild compression of the right median nerve with no evidence of cervical radiculopathy. The treating physician had previously requested the injured worker undergo a cervical epidural steroid injection which was declined based on his electrodiagnostic studies clearly showing no evidence of cervical radiculopathy. The treating physician also recommended the injured worker undergo trigger point injections which was also declined based on a lack of examination identifying a twitch response and referred pain. He was also recommended to undergo a urine drug screen

which had been declined based on no evidence of the injured worker utilizing opioid medications to warrant the testing. Lastly, the treating physician had also prescribed the injured worker ranitidine which was declined as there was no substantial evidence to indicate gastrointestinal dysfunction to support the use of this medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cervical spine epidural steroid injections at C5-6 under fluoroscopic guidance x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

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

**Decision rationale:** Because the injured worker had undergone electrodiagnostic testing which clearly stated that he was not suffering from cervical radiculopathy and with the guidelines stating that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain, the request cannot be supported. Additionally, the physician has requested 3 epidural injections which are not supported due to no indication for undergoing repeat injections when there is no documentation of sufficient response to the original injection. Therefore, the request cannot be supported and is not medically necessary.

#### **Trigger point injections under fluoroscopic guidance x 3 (unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point. Decision based on Non-MTUS Citation (Colorado, 2002) , (BlueCross/BlueShield)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** Under the guidelines, an injured worker must have documentation of a twitch response to palpation with a specified area to be treated. The request has been nonspecific in regards to the area to be treated with no current clinical documentation of the injured worker having a twitch response upon physical examination to warrant the use of trigger point injections at this time. As such, the request remains not medically necessary.

#### **Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Under the California MTUS Guidelines, although a urine drug screen may be indicated for an injured worker who has been prescribed an opioid medication or who is currently utilizing narcotics, in the case of this injured worker, there was no statement that he had been utilizing or is being prescribed an opioid to necessitate confirmation of medication compliance. Therefore, the request is not deemed medically necessary.

**Ranitidine 150mg # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD) . Ann Harbor (MI):University of Michigan Health System; 2012 may. 12 p

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/ranitidine.html>

**Decision rationale:** According to the online website drugs.com, this medication is utilized to reduce the amount of stomach acid produced. In the case of the injured worker, there was no indication that he had any issues with increased stomach acid due to medication induction or as a standalone symptom. Therefore, the requested service is not considered medically necessary.