

<b>Case Number:</b>	CM15-0110319		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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

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 49 year old female, who sustained an industrial injury on 8/18/14. She reported pain in her neck. The injured worker was diagnosed as having cervical radiculopathy, bilateral shoulder sprain and bilateral wrist sprain. Treatment to date has included a cervical MRI showing multilevel degenerative disc disease, physical therapy and an EMG/NCV of the bilateral upper extremities. Current medications include Norco, Flexeril and topical creams. There is no documentation of previous drug screens or documentation of aberrant medication use. As of the PR2 dated 4/17/15, the injured worker reports 6/10 pain in her neck that radiates to the left chest area with numbness and tingling sensations to the fingers. Objective findings include a positive Spurling's test bilaterally, facet tenderness over C4-C7 and a decrease in the cervical lordotic curvature. The treating physician requested a bilateral transfacet epidural steroid injection at C5-C6 and C6-C7 and a random urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Bilateral Cervical C5-C6 and C6-C7 Transfacet Epidural Steroid Injection: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, Injections/Facet Blocks, page 175, 181.

**Decision rationale:** Cervical Epidural Steroid injections are supported as an option in the treatment of radicular pain (defined as pain with dermatomal distribution and corroborated by imaging studies and/or Electrodiagnostic testing) has been demonstrated here. MRI findings of disc protrusion and neural foraminal stenosis along correlating clinical findings are demonstrated to support the interventional pain procedure. The patient has failed conservative trials of medication, modified activities, and therapy. Guidelines support epidural injections as an option in delaying surgical intervention. The 1 Bilateral Cervical C5-C6 and C6-C7 Transfacet Epidural Steroid Injection is medically necessary and appropriate.

### **1 Random Urine Toxicology Screening: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic): Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The 1 Random Urine Toxicology Screening is not medically necessary and appropriate.