

<b>Case Number:</b>	CM15-0118105		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 70 year old female who sustained an industrial injury on 9/16/14 when she was kicked by a resident between the neck and shoulder causing her to fall off of her chair. He had severe pain as the force of the kick was between her lower jaw and right side of her neck. She was medically evaluated and had x-rays and a computed tomography (no results available for review). She currently complains of increased intermittent neck pain radiating to low back on occasion (7/10), her axial pain is greater but she has decreased radicular symptoms numbness and tingling. On physical exam there was moderate tenderness on palpation with spasms over the cervical paravertebral musculature, axial head compression was moderately positive, Spurling's was positive on the right, tenderness on palpation over the facet joints at C5-7, decreased range of motion of the cervical spine; there was tenderness of the right shoulder and acromioclavicular joint, with right shoulder showing decreased range of motion and positive impingement sign on the right. After the transfacet epidural steroid injection the injured worker was able to participate in activities of daily living such as bathing, cooking and cleaning with less pain. She uses Aleve for pain control. Diagnoses include cervical disc disease; cervical radiculopathy; right shoulder sprain/ strain; depression. Treatments to date include right C4-5 and C5-6 transfacet epidural steroid injection (4/10/15)with 50% improvement; physical therapy; chiropractic treatments; medication; rest; home exercise program; acupuncture; psychological evaluation. In the progress note dated 5/15/15 the treating provider's plan of care includes requests for a second diagnostic right C4-5 and right C5-6 transfacet epidural steroid injection; urinary drug screen to obtain baseline level.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Second diagnostic right C4-C5 and right C5-C6 transfacet epidural steroid injections:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

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

**Decision rationale:** According to CA MTUS, epidural steroid injections are optional for radicular pain to avoid surgery. They may offer short-term benefit, however there is no significant long-term benefit or reduction for the need for surgery. In this case, the radiculopathy is corroborated by MRI findings. The patient had a previous ESI on 4/10/2015 that provided greater than 50% pain relief. However, at the time of the request, the requisite 6-8 week time period had not elapsed in order to assess for objective functional improvement and reduction in medication usage. If these criteria are met at the 6-8 week mark, then the request should be resubmitted for consideration. At this time, the request is not medically necessary or appropriate.

**Random urinary drug screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter (UDS).

**Decision rationale:** Urine drug screening (UDS) is used to assess for the use or presence of illegal drugs and to monitor medication compliance. The ODG states that if the patient is at low risk for drug abuse/misuse they should be tested within 6 months of initiation of therapy and then on a yearly basis. There is no evidence submitted to indicate that this patient is not low risk. The claimant had a USD on 5/15/2015, however the results were not submitted for review. In addition, there is no documentation of aberrant behavior or medication misuse. Thus the request is not medically necessary or appropriate.