

Case Number:	CM15-0122847		
Date Assigned:	07/07/2015	Date of Injury:	09/19/2007
Decision Date:	07/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 49-year-old female who sustained a work related injury September 19, 2007. Past history included s/p lumbar interbody fusion with internal fixation L4-L5 and posterior pedicle instrumentation 7/23/2010, s/p decompression and acromioclavicular joint resection, left shoulder 1/16/2013, hypertension, and GERD (gastroesophageal reflux disease). Electrodiagnostic studies of the bilateral upper extremities dated September 29, 2014, demonstrated mild right carpal tunnel syndrome. According to an interventional pain management follow-up evaluation report, June 2, 2015, the injured worker presented with complaints of neck pain, 8/10, described as sharp, pinching and stiffness. The pain radiates to the bilateral upper extremities, left side worse than right, with numbness and tingling to her arms. Physical examination revealed; 5'10" 276 pounds, spasm and tingling over the cervical paravertebral musculature, range of motion; flexion 25 degrees, extension 50 degrees, right lateral flexion 25 degrees and left lateral flexion 30 degrees, and rotation 55 degrees right and 70 degrees left . There is mild left shoulder pain over the acromioclavicular joint and sensation is decreased along the bilateral C6 dermatomes. Assessment is documented as cervical disc disease; cervical radiculopathy; cervical facet syndrome; s/p left shoulder arthroscopy. Treatment plan included home exercises and stretches as tolerated, continue with current medication, and at issue, the request for authorization for a urine toxicology screen, interferential unit for home use, and bilateral C5-C6 and C6-C7 transfacet epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screening is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are cervical disc disease; cervical radiculopathy; cervical facet syndrome; and status post left shoulder arthroscopy. Date of injury is September 19, 2007. The request for authorization is June 17, 2015. According to a progress note dated June 2, 2015, subjectively the injured worker indicates failed physical therapy, chiropractic treatment, medications and home exercise. The worker was last seen June 10, 2014 (one year prior). The injured worker has neck pain 8/10 with headache. The neck pain radiates to the bilateral upper extremities with numbness and tingling. Objectively, there is no tenderness palpation over the paraspinal muscle groups. There is spasm and tingling of the paravertebral muscles. Sensory examination was notable for decreased sensation over the bilateral C6 dermatome. Motor function was grossly normal. The treating provider requested a urine drug toxicology screen to establish baseline. There is no aberrant drug-related behavior, drug misuse or abuse or a risk assessment and medical record. Consequently, absent clinical documentation for the clinical indication and rationale, aberrant drug-related behavior, drug misuse or abuse with a risk assessment, urine toxicology screening is not medically necessary.

Interferential unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (IF) for home use is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for IF to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are cervical disc disease; cervical radiculopathy; cervical facet syndrome; and status post left shoulder arthroscopy. Date of injury is September 19, 2007. The request for authorization is June 17, 2015. According to a progress note dated June 2, 2015, subjectively the injured worker indicates failed physical therapy, chiropractic treatment, medications and home exercise. The worker was last seen June 10, 2014 (one year prior). The injured worker has neck pain 8/10 with headache. The neck pain radiates to the bilateral upper extremities with numbness and tingling. Objectively, there is no tenderness palpation over the paraspinal muscle groups. There is spasm and tingling of the paravertebral muscles. Sensory examination was notable for decreased sensation over the bilateral C6 dermatome. Motor function was grossly normal. The documentation indicates the injured worker underwent a 30 day trial for the IF unit. There is no documentation however of the 30 day trial in the medical record. There is no documentation as to the body parts treated, length of time unit was applied, and whether there was objective functional improvement. There is no documentation of failed TENS unit. IF is not recommended as an isolated intervention. There is no ongoing physical therapy being rendered to the injured worker. Consequently, absent clinical documentation of the 30 day clinical trial with documented objective functional improvement, documentation of failed TENS unit, and no documentation of ongoing physical therapy (IF is not recommended as an isolated intervention), Interferential unit (IF) for home use is not medically necessary.

Bilateral C5-C6 and C6-C7 transfacet epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transfacet bilateral epidural steroid injections C-5 - C6 and C6 - C7 are not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. While not recommended, cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-

inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical disc disease; cervical radiculopathy; cervical facet syndrome; and status post left shoulder arthroscopy. Date of injury is September 19, 2007. The request for authorization is June 17, 2015. According to a progress note dated June 2, 2015, subjectively the injured worker indicates failed physical therapy, chiropractic treatment, medications and home exercise. The worker was last seen June 10, 2014 (one year prior). The injured worker has neck pain 8/10 with headache. The neck pain radiates to the bilateral upper extremities with numbness and tingling. Objectively, there is no tenderness palpation over the paraspinal muscle groups. There is spasm and tingling of the paravertebral muscles. Sensory examination was notable for decreased sensation over the bilateral C6 dermatome. Motor function was grossly normal. According to the treating provider's entry, MRI showed multilevel diffuse disc bulges measuring 1 to 2 mm. C6 - C7, there is a 2 to 3 mm disc bulge. The injured worker was last seen June 10, 2014. The date of this progress note is June 2, 2015. There is no evidence the injured worker was engaged in a home exercise program or was receiving physical therapy as a prerequisite to the epidural steroid injection. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Consequently, absent guideline recommendations for a cervical ESI and no ongoing or recent physical therapy as a prelude to receiving an epidural steroid injection, transfacet bilateral epidural steroid injections C-5 - C6 and C6 - C7 are not medically necessary.