MAXIMUS Federal Services

Case Number:	CM15-0033612		
Date Assigned:	02/27/2015	Date of Injury:	05/01/2013
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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 44 year old female, who sustained an industrial injury on 05/01/2013. On provider visit dated 01/08/2015 the injured worker has reported chronic pain in low back, neck and shoulder. The diagnoses have included cervicalgia, lumbar spine pain, degenerative disc disease, cervical myofascial pain, cervical facet syndrome/arthropathy. Treatment to date has included physical therapy, x-rays, MRI's, injections, chiropractic treatment and medication. On examination she was noted to have tenderness of cervical spine and a decrease range of motion and positive trigger point tenderness was noted as well. Treatment plan included medication, cervical epidural steroid injection and urine drug screen. On 02/11/2015 Utilization Review non-certified Cervical Epidural Steroid Injection C7-T1, Follow up visit and urine drug screen. The CA MTUS Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: According to the 02/03/2015 report, this patient presents with low back and neck pain that radiates to the bilateral upper extremity and bilateral lower extremity. The current request is for Cervical Epidural Steroid Injection C7-T. The request for authorization is on 02/04/2015. Patient's work status was not mentioned in the provided reports. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the provided reports does not mention prior epidural steroid injections. In this case, the treating physician documented that the patient had decreased sensation to touch and pin prick in the bilateral hand but the pain is not described in a specific dermatomal distribution to denote radiculopathy or nerve root pain. The treating physician does not discuss MRI or other studies that would corroborate the patient's symptoms. Without an imaging study or electrodiagnostic study to corroborate radiculopathy the MTUS guideline recommendations cannot be followed. The current request IS NOT medically necessary.

Follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: According to the 02/03/2015 report, this patient presents with low back and neck pain that radiates to the bilateral upper extremity and bilateral lower extremity. The current request is for Follow up visit. Regarding treatments sessions and follow visit, MTUS guidelines page 8 states that the treating physician must monitor the patient and provide appropriate treatment recommendations. The treater should be allowed to have follow up visit so that he can monitor the patient and provide appropriate treatment recommendations. The current request IS medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: According to the 02/03/2015 report, this patient presents with low back and neck pain that radiates to the bilateral upper extremity and bilateral lower extremity. The current request is for Urine drug screen. Regarding UDS's, MTUS Guidelines do not specifically address

how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. According to the records made available for review, the patient is currently on Norco; an opiate. Per 01/08/21015 and 02/03/2015 reports, the treating physician indicates "Patient to give urine sample for urine drug toxicity screening test to be done after authorization in next visit." However, the result of the UDS's was not available for review. There is no discussion regarding the patient showing any adverse behavior with opiates use. The treating physician did not explain why another UDS is needed. There is no discussion regarding this patient being at risk for any aberrant behaviors. The current request IS NOT medically necessary.