MAXIMUS Federal Services

Case Number:	CM15-0038722		
Date Assigned:	03/09/2015	Date of Injury:	11/09/2011
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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 47 year old female who sustained a work related injury November 9, 2011. Past history included s/p right shoulder arthroscopic surgery (August 2014). According to an interventional pain management report dated January 21, 2015, the injured worker presented with complaints of unchanged neck pain 6-7/10, described as constant with spasms burning and throbbing, and radiating to the right arm with numbness and tingling. Cervical examination reveals head carriage midline with decreased lordosis; spasm over the upper and mid trapezius muscles and multiple trigger points more right than left; axial head compression positive and Spurling sign positive bilaterally; there is tenderness on palpation over C3-C7, with mild right shoulder pain. There is tenderness over the right acromioclavicular joint, bicipital groove and forearm flexor. Sensation is decreased in the right C5 and C6 dermatomes. Diagnoses included cervical disc disease; cervical radiculopathy and right shoulder sprain/strain. Treatment plan included recommendations for cervical epidural steroid injections, continue home exercise, continue medications and Urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transfacet Epidural Steroid Injection x 2: 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 ESI Page(s): 46-47.

Decision rationale: Based on the 1/27/15 progress report provided by the treating physician, this patient presents with unchanged cervical pain rated 6-7/10 on VAS scale, traveling to the right shoulder into the right arm with numbness/tingling. The treater has asked for BILATERAL TRANSFACET EPIDURAL STEROID INJECTION X2 on 1/27/15. The requesting progress report dated 1/27/15 specifies the injections: "bilateral C4-5 and right C5-6 transfacet epidural steroid injection times two. The patient does have evidence of neuroforaminal narrowing and radicular symptoms on physical examination." The request for authorization was not included in provided reports. The patient is s/p a right shoulder arthroscopic surgery from August 2014. The patient has not yet had a cervical MRI. The patient has not had prior epidural steroid injections per review of reports dated 4/14/14 to 1/27/15. The patient currently takes Norco and Flexeril regularly, which "helps take the edge off" per 1/27/15 report. The patient has failed conservative treatment including physical therapy, chiropractic treatments, medication, rest, and a home exercise program. The patient is currently not working. MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. For repeat ESI, MTUS states, "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The patient presents with neck pain with radicular symptoms into the right shoulder/arm and a diagnosis of cervical radiculopathy. Physical examination to the cervical spine on 1/27/15 revealed spasm in upper/mid trapezius muscles, and multiple trigger points over the trapezius and scalene muscles, right side > left. Cervical range of motion was decreased, especially on flexion at 20 degrees. In this case, treater has documented radiculopathy, and there is subjective pain in the shoulder, and arm. There is a diagnosis of "C4-5 disc protrusion" and the treater mentions "neuroformaminal narrowing," with "naturally-occurring degenerative changes at C4-5 documented in the X-ray study of the cervical spine" per 9/18/14 QME report. However, review of reports show that there is no evidence of a prior cervical MRI. In addition, an EMG/NCV study of the bilateral upper extremities and cervical paraspinals on 4/24/14 was negative. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, the patient appears to have had a prior cervical epidural steroid injection "of an unspecified level" on 1/17/14 with an unspecified level of pain relief per 9/18/14 QME report. The request does not meet guideline criteria for the procedure. Therefore, the request IS NOT medically necessary.

Urine Toxicology Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Pain procedure summary updated 1/19/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: Based on the 1/27/15 progress report provided by the treating physician, this patient presents with unchanged cervical pain rated 6-7/10 on VAS scale, traveling to the right shoulder into the right arm with numbness/tingling. The treater has asked for URINE TOXICOLOGY SCREENING on 1/27/15. The request for authorization was not included in provided reports. The patient is s/p a right shoulder arthroscopic surgery from August 2014. The patient has not had prior urine drug screen performed per review of reports dated 4/14/14 to 1/27/15. The patient currently takes Norco and Flexeril regularly, which "helps take the edge off" per 1/27/15 report. The patient has failed conservative treatment including physical therapy, chiropractic treatments, medication, rest, and a home exercise program. The patient is currently not working. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient has not had urine drug screen testing per review of reports, which date to 7 months prior to the request. The treater has asked for drug screen to monitor current opiate usage, which is in line with MTUS guidelines. The request IS medically necessary.