

<b>Case Number:</b>	CM15-0040309		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old female, who sustained an industrial injury on 8/15/2008. The symptoms at the time of the injury have not been provided. She was diagnosed as having carpal tunnel syndrome, neuropathy, disc bulge, status post carpal tunnel release and herniated nucleus pulposus (HNP)-cervical. Treatment to date has included cervical epidural steroid injection left C5-6 (11/05/2014), modified work, surgical intervention and medications. Per the Primary Treating Physician's Progress Report dated 11/18/2014, the injured worker reported neck, bilateral arm, bilateral shoulder, bilateral elbow and bilateral wrist pain. Physical examination revealed tenderness and guarding to the bilateral splenius capitus and bilateral trapezius muscles. There was restricted range of motion and a positive Spurling's test and cervical distraction test on the left. Range of motion of the elbows and wrists were normal and there was a positive Phalen's test of the right wrist. The plan of care included Motrin, a 2nd epidural injection of the cervical spine, urine test, reevaluation, phone station equipment, electric three hole punch and Bluetooth headset. Authorization was requested for epidural injection of the cervical spine left C5-6, urine toxicology, phone station equipment, electric three hole punch and Bluetooth headset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural injection of the cervical spine C6-7 at the left: 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 Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The California MTUS guidelines indicates that the criteria for a repeat epidural steroid injection includes documentation of at least 50% pain relief for 6 to 8 weeks time from a prior injection. The attached medical record indicates that the injured employee has had a previous cervical spine epidural steroid injection performed on November 5, 2014 and efficacy of this injection is unknown. Without this information, this request for a repeat cervical spine epidural steroid injection is not medically necessary.

**Urine toxicology screen quantity:** 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 Chapter, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screening Page(s): 78.

**Decision rationale:** The California MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction, or poor pain control. The attached medical record does not indicate that the injured employees prescribed any opioid medications at the present time. As such, this request for urine toxicology screening is not medically necessary.

**Replace work phone station equipment - 3 hole punch electric plus headset bluetooth:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Ergonomics.

**Decision rationale:** The official disability guidelines indicates that benefits of ergonomic intervention are under study. There is currently no good quality evidence on the effectiveness of ergonomics or modification of risk factors. Ali study does support decreasing trapezius loading with ergonomic intervention, the attached medical record does not indicate any complaints of trapezial pain. For these reasons, this request for replacing work phone station equipment is not medically necessary.