MAXIMUS Federal Services

Case Number:	CM15-0097247		
Date Assigned:	05/27/2015	Date of Injury:	06/02/2003
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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: Pennsylvania
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 55-year-old male who sustained an industrial injury on 6/2/03. He reported pain in his neck while working overhead with heavy materials. The injured worker was diagnosed as having spinal stenosis in cervical region and cervical spondylosis without myelopathy, and cervical disc disease. Treatment and evaluation to date has included a cervical MRI on 4/8/15 showing multilevel degenerative disc disease and severe central canal stenosis at C4-C5, C5-6, and C6-C7, home exercise program, trigger point injections, and chiropractic treatments. A progress note from the treating chiropractor from October 2014 noted Norco as a current medication. A progress noted from a pain management physician March 2015 states that the injured worker had a prior history of alcohol abuse and drank heavily for six years until a hospitalization in 2009 for delirium tremens, and that he currently does not use alcohol. In the pain management progress note dated 4/16/15, the injured worker reports neck pain radiating down both arms, associated with weakness in the arms and tingling paresthesias in the arms and hands. He rates his pain 7/10 at the least and 10/10 at the worst. Current medication was noted as valium. Objective findings include trigger points present in the left trapezius, range of motion painful in all planes and a negative Spurling's sign. Upper extremity sensation was decreased bilaterally, and motor examination showed normal strength in all groups. A signed narcotic agreement was noted and an opiate risk tool score was noted. The treating physician requested C7-T1 epidural steroid injection, a surgical consultation, a 12-panel in-house urine drug screen, a home-based functional restoration and pain management program and Norco 10/325mg #90. The physician documented that norco was prescribed for short term while awaiting cervical

epidural steroid injection and surgical consultation. On 5/5/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 CESI (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 injections Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. In this case, the injured worker has chronic neck and bilateral arm pain. Neurological examination showed nonspecific decrease in sensation and no motor deficits. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. There was no documentation of failure of conservative treatment, with no discussion of trial of physical therapy, non-steroidal anti-inflammatory agents, or muscle relaxants. The side of injections was not specified. The request is for three levels (C7-T1). For these reasons, the request for C7-T1 CESI (epidural steroid injection) is not medically necessary.

Surgical Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The ACOEM neck and upper back chapter states that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair, and unresolved radicular symptoms after receiving conservative treatment. In this case, the injured worker has chronic neck and bilateral arm pain, with finding of multilevel disc disease and spinal stenosis on MRI of the cervical spine. There was no documentation of failure of conservative treatment, with no

discussion of trial of physical therapy, non-steroidal anti-inflammatory agents, or muscle relaxants. No electrodiagnostic studies were submitted. Neurologic findings on examination were nonspecific. Due to lack of demonstration of a specific lesion shown to benefit from surgical repair, and lack of documentation of failure of conservative treatment, the request for surgical consultation is not medically necessary.

12 panel in house urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management of opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, 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. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. In this case, urine drug screening was requested at the onset of treatment of Norco. The associated opioid (norco), has been determined to be not medically necessary. As such, the request for 12-panel in house urine drug screen is not medically necessary.

Home based functional restoration and pain management program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: The MTUS states that chronic pain programs/functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should meet specific selection criteria outlined in the MTUS. Such programs are multidisciplinary pain programs or interdisciplinary rehabilitation programs and combine multiple treatments, including psychological care, physical therapy, and occupational therapy. There is little evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Criteria for use include an adequate and thorough evaluation including baseline functional testing, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, the patient has

significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, the patient exhibits motivation to change, and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of efficacy, and total treatment duration should generally not exceed 20 full day sessions or the equivalent in part day sessions. In this case, the injured worker has chronic neck pain. Per the MTUS, there is little evidence for the effectiveness of the requested chronic pain program/functional restoration program for neck pain. There was no documentation of baseline functional testing. The number of sessions requested was not specified. Due to lack of evidence for efficacy for neck pain, lack of baseline functional testing, and insufficiently specific prescription, the request for home based functional restoration and pain management program is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids substance abuse Page(s): 76-77, 108-109.

Decision rationale: The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non- opioid analgesics, baseline pain and functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. The MTUS states that history of alcohol or substance abuse is a cautionary red flag for potential abuse of opioids. In this case, the injured worker has chronic neck pain, with prior use of Norco. There was also a history of prior alcohol abuse including prior hospitalization for delerium tremens. The prescribing physician did not document a psychological assessment prior to prescription of Norco. The prior history of alcohol abuse was not further discussed. This injured worker had been prescribed Norco in October 2014 by a different provider. The MTUS recommends that patients receive their medication from one physician and one pharmacy. There was no documentation of functional improvement because of use of Norco in the past. Due to lack of a psychological assessment, lack of adequate consideration of this injured worker's significant history of alcohol abuse, and lack of documentation of functional improvement as a result of use of Norco in the past, the request for Norco is not medically necessary.