

<b>Case Number:</b>	CM13-0019684		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/20/2008
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 employee is a 45-year-old female who reported a work-related injury on 04/20/2008 as a result of strain to the lumbar spine. The employee currently presents for treatment of lumbago and thoracic or lumbosacral neuritis or radiculitis. The clinical note dated 08/19/2013 documents the employee presented with continued lumbar spine pain complaints. The provider documented the employee utilizes oxycodone, Soma, Advil PM, morphine, and sucralfate. The provider documented the employee reported her current rate of pain at 4 out of 10. The provider noted the employee's past conservative measures have included physical therapy and chiropractic care. The provider indicated that review of an MRI of the lumbar spine performed in 2012 documented mild disc degeneration of L1-2, L2-3, L3-4, and L4-5 discs with mild annular disc bulging at these levels but no disc herniation, stenosis or nerve compression. The provider reported that at the L5-S1 level, the disc was severely degenerated and had worsened since prior exam. The provider indicated there was increased type 1 edema endplate change compared to the prior study with diffuse annular disc bulging and a small density seen at left para midline behind the S1 vertebral body just below the level of the disc and medial to the left S1 nerve. Upon physical examination, the provider documented straight leg testing was positive bilaterally. Facet tenderness was positive in the bilateral lumbar spine, right greater than left. Radicular pain was present in the L5-S1 distribution with muscle spasms. The provider documented the employee presented with radiating back pain that is not relieved by conservative measures. The provider recommended two lumbar epidural injections for radicular pain and facet blocks for focal pain. An oral drug test was administered for medication verification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of two transforaminal epidural steroid injections bilaterally at L5-S1 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to guideline criteria for the use of epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The employee presents status post a work-related injury sustained to the lumbar spine more than five years ago. The provider documents the employee presented with radiating lumbar spine pain to the bilateral lower extremities. However, review of the submitted clinical documentation failed to evidence an imaging study of the employee's lumbar spine. In addition, the clinical documentation provided did not indicate the employee presented with any motor, neurological or sensory deficits to support injection therapy at this point in the employee's treatment. The employee presents five years following the work-related injury and it is unclear if she previously underwent injection therapy, and if so, whether the injections were beneficial. Given the above, the requested series of two transforaminal epidural steroid injections bilaterally at L5-S1 under fluoroscopic guidance is not medically necessary and appropriate.

**Oral drug test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** The guidelines recommend drug testing as an option to assess for the use or the presence of illegal drugs and patient compliancy with medication regimens. The clinical documentation submitted for review reports the employee utilizes Percocet, Soma and morphine on a chronic basis status post a work-related injury sustained to the lumbar spine in 2008. The clinical notes document the employee utilizes THC for pain control in addition to her medication regimen. The submitted clinical records report the employee underwent a urine drug screen on 07/24/2013. The clinical notes failed to evidence when the employee last underwent urine drug screening or oral drug testing or how frequently the employee has been tested. As the submitted clinical notes fail to document when the employee last underwent drug screening, the request for an oral drug test is not supported. As such, the requested oral drug test is not medically necessary and appropriate.

