

<b>Case Number:</b>	CM13-0021124		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 patient is a 53-year-old male who reported an injury on 08/07/2012. The mechanism of injury was a fall. There were no medical records submitted for review; all information was obtained from a prior determination letter. In a clinical note date 05/18/2013, the patient complained of daily low back pain that radiates to the right lower extremity at a level of 8/10 to 9/10. He had completed 6 acupuncture treatments with benefit. The patient's physical examination on that date revealed spasms over the paraspinal musculature, straight leg raise positive on the right, and Kemp's test positive on the right as well. Apparently, the patient had a previous EMG/nerve study that confirmed radiculopathy at an unknown level. He also had an MRI scan that revealed anterolisthesis of L5 on S1; degree not specified. There was no other information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**transforaminal epidural steroid injection w/fluoroscopy at the right L5-S1 level:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections Page(s): 46..

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend the use of epidural steroid injections to reduce pain and inflammation and restore range of motion to facilitate progress in an active treatment program. Criteria that must be met in order for an epidural steroid injection to be appropriate include objective findings of radiculopathy on physical examination that are corroborated by imaging studies or electrodiagnostic testing, and that have failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). As there were no clinical notes submitted for review, the patient's symptoms cannot be assessed for guideline compliance and medical necessity. As such, the request for diagnostic transforaminal epidural steroid injection with fluoroscopy at the right L5-S1 level is non-certified

**transforaminal epidural steroid injection w/fluoroscopy at the right S1 level:** 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 California MTUS/ACOEM Guidelines recommend the use of epidural steroid injections to reduce pain and inflammation and restore range of motion to facilitate progress in an active treatment program. Criteria that must be met in order for an epidural steroid injection to be appropriate include objective findings of radiculopathy on physical examination that are corroborated by imaging studies or electrodiagnostic testing and that have failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). As there were no clinical notes submitted for review, the patient's symptoms cannot be assessed for guideline compliance. As such, the request for diagnostic transforaminal epidural steroid injection with fluoroscopy at the right S1 level is non-certified.

**Retrospective random urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug testing Page(s): 4.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 74-95..

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend random urine drug testing to measure patient compliance with medication therapy. Unfortunately, there were no clinical records submitted for review detailing what kind of medications, if any, the patient was on at the time of urine drug screen. As such, the medical necessity cannot be determined and the request for retrospective random urine toxicology screen (DOS: 07/30/2013) is non-certified.