

Case Number:	CM13-0024348		
Date Assigned:	11/20/2013	Date of Injury:	06/11/2001
Decision Date:	02/26/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/13/2013

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 and Pain Management and is licensed to practice in Georgia. 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 claimant is a 60 year old female presenting with low back pain following a work-related injury on June 11, 2001. The claimant complains of chronic pain associated with chronic multifactorial lumbar spine and lower extremity pain. CT scan of the lumbar spine from February 2012 revealed retropulsed fragment with the superior endplate L1 compression fracture at T12-L1 with a significant disc herniation at L1, a broad-based disc protrusion with moderate spinal stenosis at L3-4, broad-based disc protrusion with mild to moderate stenosis at L4-5. The physical exam was significant for antalgic gait and diffuse tenderness over the lumbar paravertebrals, but without the tender trigger points that were present at the last visit, slightly diminished strength in the left lower extremity in comparison to the right and diminished sensation and paresthesias in the left lower extremity in L4, L5 and S1 distribution. The enrollee's medications include Opana and Norco. The claimant reports that these medications reduce her pain by 50%. According to medical records, which included this most recent urine drug screen was on April 1, 2013. In addition, it is stated in the claimant's medical records that she had a lack of response to spinal injections in the past and may be requiring surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (8/1/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 108.

Decision rationale: A urine drug as requested on 8/1/2013 is not medically necessary. CA MTUS guidelines suggest that all patients receiving opioids for chronic pain; non-malignant pain should be tested twice yearly, once during January-June and another time July-December. Cautionary red flags of potential opioid abuse are if the patient has a history of alcohol or substance abuse, active alcohol or substance abuse, borderline personality disorder, mood disorders or psychotic disorders, non-return to work for over 6 months or poor response to opioids in the past. Cautionary red flags of addiction would include adverse consequences of decreased functioning, observed intoxication, negative affective state or any impaired control over medication used. According to the medical records the claimant's last urine drug screen was on 4/1/2013 and there was no documentation of the claimant presenting with red flags; therefore given the request was place less than 6 months to the previous urine drug screen and with the lack of red flags, a urine drug screen on 8/1/2013 is not medically necessary.

One bilateral epidural steroid injection L4-5, L5-S1: 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 ESIs Page(s): 46.

Decision rationale: One bilateral epidural steroid injection L4-5, L5-S1 is not medically necessary. The California MTUS page 46 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant's medical records specifically states that the she had a lack of response to previous epidural steroid injections; therefore the request is not medically necessary

Bilateral lumbar epidural injections L4-5, L5-S1 under fluoroscopic guidance: 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 ESIs Page(s): 46.

Decision rationale: One bilateral epidural steroid injection L4-5, L5-S1 under fluoroscopic guidance is not medically necessary. The California MTUS page 46 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant's medical records specifically states that the she had a lack of response to previous epidural steroid injections; therefore the request is not medically necessary

Bilateral epidural steroid injections L4-5, L5-S1 with IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Unknown prescription of Prednisone between 8/1/13 and 10/8/13: 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 (Chronic) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, Initial Treatment.

Decision rationale: Unknown prescription of Prednisone between 8/1/13 and 10/8/13 is not medically necessary. CA MTUS and the ODG recommend nonprescription and prescription medications. Recommended nonprescription medications include "Acetaminophen" and "NSAIDs (aspirin, ibuprofen)." Prescription medications include "Other nonsteroidal anti-inflammatory drugs (NSAIDs), short-term muscle relaxants for acute spasms, short-term opiates are rarely recommended, but may be used if symptoms are severe and accompanied by objective findings, for no more than two weeks." CA MTUS and the ODG does not recommend Prednisone for low back pain or radiculitis; therefore, the request is not medically necessary.

Unknown prescription of Benadryl: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Pain (Chronic)-over the counter medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, Initial Treatment.

Decision rationale: Unknown prescription of Benadryl is not medically necessary. CA MTUS and the ODG recommend nonprescription and prescription medications. Recommended nonprescription medications include "Acetaminophen" and "NSAIDs (aspirin, ibuprofen)." Prescription medications include "Other nonsteroidal anti-inflammatory drugs (NSAIDs), short-term muscle relaxants for acute spasms, short-term opiates are rarely recommended, but may be used if symptoms are severe and accompanied by objective findings, for no more than two weeks." CA MTUS and the ODG do not recommend Benadryl for low back pain or radiculitis; therefore, the request is not medically necessary.