

<b>Case Number:</b>	CM13-0037546		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 injured worker is a 47-year-old male who was reportedly injured on 07/11/2011. The mechanism of injury is noted as a lifting injury that caused pain to the lumbar spine. There have been ongoing complaints of low back pain rating 4/10 and 8/10 in the morning radiating intermittently to the groin area and legs with numbness and tingling sensation in the feet. The injured received a short course of physical therapy, which did provide some relief of pain from motion. The injured worker is not currently taking any medications. On exam, there is diffuse tenderness over the lumbar paravertebral muscles and moderate facet tenderness over the L4 to S1 levels. Seated straight leg raise is 70 degrees bilaterally while supine is 60 degrees bilaterally. Range of motion in the lumbar spine into lateral bending is 20 degrees bilaterally, flexion is 60 degrees and extension is 10 degrees. There is increased sensation to pain, temperature, light touch, vibration and two-point discrimination in the L5 dermatomes bilaterally. There is decreased sensation in the bilateral big toe extensors graded 4/5. A request was made for bilateral L5-S1 transforaminal epidural steroid injection and was not certified on 09/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 transforaminal Epidural Steroid Injection:** Upheld

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

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

**Decision rationale:** As per CA MTUS guidelines, the purpose of ESI 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. Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, there is no evidence of neurological symptoms corroborated by imaging or Electro-diagnostic studies demonstrating evidence of nerve root compression. Furthermore, the records indicate that the IW has had a short course of PT only. There is no documented trial of NSAIDs. Therefore, the medical necessity of the request for ESI is not established.

**Urine drug screening:** Upheld

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

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

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. In this case, the records indicate that the IW is not taking any medications for pain. It is not clear as to why the urine drug test screen has been requested. As such, the request for urine drug screen within is not medically necessary per guidelines.