MAXIMUS Federal Services

Case Number:	CM13-0040900		
Date Assigned:	12/20/2013	Date of Injury:	10/20/2011
Decision Date:	05/15/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 10/20/2011 after a motor vehicle accident. The injured worker sustained an injury to the cervical and lumbar spine. The injured worker ultimately underwent cervical fusion in 03/2013. MRI of the lumbar spine in 05/2013 documented grade 1 spondylolisthesis of the L4 on the L5 secondary to degenerative joint disease in the facets and severe central canal stenosis and bilateral lateral recess stenosis at the L4-5 entrapping the cauda equina and right and left L5 nerves at the lateral recesses. It was also documented that the injured worker had degenerative joint disease in the facets at multiple levels. The injured worker's treatment history to the lumbar spine included multiple medications, physical therapy, and medial branch block. The most recent evaluation of the injured worker's lumbar spine was dated 09/27/2013. It was documented that the injured worker had persistent low back pain that radiated into the bilateral lower extremities. Physical findings included tenderness to palpation of the paraspinal lumbar musculature, PSIS sacroiliac joint with a positive Patrick-Fabere test bilaterally and a positive straight leg raising test to the left with reduced lumbar range of motion secondary to pain. The injured worker's diagnoses included radiculopathy of the cervical spine, muscle spasms, adjustment disorder with mixed anxiety and depression, chronic pain syndrome, lumbosacral spondylosis without myelopathy and low back pain. The injured worker's treatment plan included continuation of medications and transforaminal epidural steroid injections of the lumbar spine at the bilateral L4-5 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERFORMED URINE DRUG SCREEN: Upheld

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

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

Decision rationale: The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment and Utilization Schedule recommends drug testing for injured workers who exhibit symptoms that provide suspicion of illicit drug use. The clinical documentation submitted for review does not support that the injured worker has any symptoms related to withdrawal or overuse or any other indications of illicit drug use. Additionally, California Medical Treatment and Utilization Schedule recommends random urine drug screens for injured workers on chronic opioid therapy. However, The clinical documentation submitted for review does indicate that the injured worker recently underwent a urine drug screen that provided consistent results with the injured worker's medication schedule. Therefore, without evidence of drug-seeking or aberrant behavior, the need for an additional urine drug screen is not clearly indicated. As such, the requested performed urine drug screen is not medically necessary or appropriate.

TRANSFORAMINAL LUMBAR SPINE EPIDURAL STEROID INJECTION (ESI) BILATERALLY AT L4, L5 AND S1: Upheld

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

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

Decision rationale: The requested transforaminal lumbar spine epidural steroid injection (esi) bilaterally at L4, L5 and S1 is not medically necessary or appropriate. The clinical documentation does indicate that the injured worker previously underwent lumbar epidural steroid injections that provided 80% relief. However, a duration of that relief was not provided. California Medical Treatment and Utilization Schedule recommends repeat epidural steroid injections when there is 50% or more pain relief for at least 6 to 8 weeks with documented functional improvement. However, the request is for 3 levels of an epidural steroid injection with a transforaminal approach. The California Medical Treatment and Utilization Schedule do not recommend more than 2 levels be treated with a transforaminal approach. Therefore, the appropriateness of this request is not supported. As such, the requested transforaminal lumbar spine epidural steroid injection (esi) bilaterally at L4, L5 and S1 is not medically necessary or appropriate.

CLONAZEPAM 0.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The requested clonazepam 0.5 mg is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. California Medical Treatment and Utilization Schedule does not recommend the extended use of benzodiazepines due to the high incidence of psychological and physical dependence. Therefore, continued use of this medication would not be supported. Additionally, the request, as it is submitted, does not provide a frequency or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested clonazepam 0.5 mg is not medically necessary or appropriate.