

<b>Case Number:</b>	CM13-0068334		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/23/2002
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 and is licensed to practice in 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 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 55-year-old male who reported an injury on 09/23/2002. The mechanism of injury was not provided for review. However, the injured worker ultimately underwent L4-5 fusion surgery in 2003. The injured worker's postsurgical treatment has included physical therapy, medications, and epidural steroid injections. The injured worker's most recent epidural steroid injection was on 04/10/2013. The injured worker was evaluated on 05/07/2013. It was documented that the injured worker's pain level was 0/10 with an ability to walk, drive, and act like normal. The injured worker was evaluated in 08/2013. It was documented that the injured worker had had a return of symptoms with pain rated at a 3/10 to 4/10 escalating to a 6/10 to 7/10 with activity. The injured worker was evaluated on 11/13/2013. It was documented that the injured worker's pain level was a 3/10 to 4/10 exacerbated to a 6/10 to 7/10 with activity. Physical findings included limited lumbar range of motion with decreased motor strength in the right lower extremity and diminished sensation in the L4, L5, and S1 dermatomes in the right lower extremity. The injured worker's diagnoses included post laminectomy lumbar syndrome, lumbar disc disease with radiculitis, and low back pain. A request was made for a refill of medications and additional epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINALYSIS DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON GOING MANAGEMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS, ON GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends urine drug screens for injured workers who are on chronic opioid therapy. The clinical documentation does indicate that the injured worker does take opioids on an ongoing basis. However, a history of the injured worker's urine drug screens was not provided. Additionally, there was no assessment of the injured worker's risk factors to support the need for a urine drug screen. As such, the requested URINALYSIS DRUG SCREEN is not medically necessary or appropriate.

**RIGHT TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4, L5, S1 INJECTION 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 SECTION ON EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections when at least 50% pain relief for 6 to 8 weeks is provided with documentation of functional benefit. The clinical documentation submitted for review does indicate that the injured worker had 100% pain relief that gradually increased over 4 months and provided significant functional benefit and allowed the injured worker to drive, walk, and participate in activities of daily living comfortably. However, as the submitted request does not appropriately identify the levels of which the injections should be administered, the request would not be supported. As such, the requested RIGHT TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4, L5, S1 INJECTION UNDER FLUOROSCOPIC GUIDANCE is not medically necessary or appropriate.