MAXIMUS Federal Services

Case Number:	CM13-0070600		
Date Assigned:	01/08/2014	Date of Injury:	08/17/2012
Decision Date:	04/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 patient is a 42 year-old female who reported an injury on 08/17/2012. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with lumbar strain, lumbar radiculitis, cervical sprain, and lumbar disc protrusion. The patient was seen by [redacted] on 10/09/2013. The patient reported persistent lower back pain. Physical examination of the lumbar spine revealed a normal gait pattern, tenderness to palpation, limited range of motion, positive straight leg raising on the left, decreased sensation of the left lower extremity, and 1+ deep tendon reflexes bilaterally. Treatment recommendations at that time included a pain management specialty consultation for a possible lumbar epidural steroid injection as well as continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG on-line http://www.odg-twc.com/odgtwc/Low_Back.htm, Epidural Steroid Injections (ESIs).

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the patient does demonstrate positive straight leg raising, decreased sensation, and diminished reflexes. However, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is also no evidence of a recent unresponsiveness to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the request is non-certified.

RETROSPECTIVE URINARY DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines, Urine Drug Screen. Decision based on Non-MTUS Citation ODG online http://www.odg-twc.com/odgtwc/pain.htm, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 1 year ago to date, and there is no indication of noncompliance or misuse of medication. There is also no indication that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.